

WALL 51363

For Official Use Only by The Oregon Water Resources Department:

Received Date: _____

County Well Log ID #

Well Identification Tag #

WALL 255

L 95131

& WALL 51363

APPLICATION FOR WELL IDENTIFICATION TAG

LANDOWNER INFORMATION

Name: GREGORY WIECK

Mailing Address: _____

City: ENTERPRISE

State: OREGON

Zip: 97828

Return Well Tag to (if different than mailing address): UNKNOWN

WELL LOCATION INFORMATION

County: WALLOWA Township: 15 North or South (circle one) Range: 45 E East or West (circle one),

Section: 21 NW 1/4 NW 1/4 Tax Lot #: _____
N 45.46697 W-117.20576 EPA 16.0

Street Address of Well (if different than mailing address): _____

WELL INFORMATION (Do Not Complete If Well Report is Attached)

Type of Well (i.e. domestic, irrigation, etc): _____ Date Well Constructed: _____

Well Constructor/Company: _____

Well Depth (in feet): _____ Diameter of Well Casing (in inches): _____

Landowner Who Had Well Constructed or Previous Owner at the Time Well was Constructed (if known): _____

* OWRD Staff Note: Original log: WALL 255, Deepening log: WALL 51363

RECEIVED

FEB 02 2011

WATER RESOURCES DEPT
SALEM, OREGON

Other Information: State observation well

TAGGED By East Region well inspector Bob Maynard

Return to: Oregon Water Resources Department, Janet Halladey, 725 Summer St. NE, Suite A, Salem, OR 97301-1271, (503) 986-0854 or fax to 503-986-0902

App for tag