



For Official Use Only:

Received Date: \_\_\_\_\_

County Well Log ID #

Wasc 2271

Well Identification Tag #

L-55830

L-55830

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

Name: Kaminski selling to Dyche

Mailing Address: 4315 Browns Ck Rd, The Dalles, OR 97058

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (541)298-2876

NOTE: Well Identification Tag will be sent to the above address unless otherwise specified.

WELL LOCATION:

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

County: Wasco Owner's Well Number (1st or 2nd, etc) #1

Township: 1N N or S, Range: 12E E or W, Section 11 1/4 1/4

Tax Lot Number: 500 Type of Well: water supply X monitoring

Address of Well (if different from above): same

Does this well have a formal water right associated with it? Yes: \_\_\_\_\_ No: X

If Yes: Application #: \_\_\_\_\_ Permit #: \_\_\_\_\_ Certificate #: \_\_\_\_\_

WELL INFORMATION: (do not complete remainder of application if well log is attached)

Start Card Number: see attached \_\_\_\_\_ Approx. Construction Date: \_\_\_\_\_

Well Constructor: \_\_\_\_\_

Name of Land Owner at Time of Construction: \_\_\_\_\_

Well Depth (in feet): \_\_\_\_\_ Static Water Level (in feet): \_\_\_\_\_

Diameter of Exposed Well Casing (in inches): \_\_\_\_\_

RECEIVED

Please Return Completed Form to: Well Identification Program Oregon Water Resources Department 158 12th Street NE Salem, OR 97301-4172

JAN 29 2002 WATER RESOURCES DEPT. SALEM, OREGON