

51565

WASH 12194
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For Official Use Only

Received Date: _____	County Well Log ID # _____	Well Identification Tag # <u>51565</u>
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WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

Name: Scott E. and Beth A. Wilson m/mrs. Lunderdahl

Mailing Address: 11060 SW Tonguin Road

City: Sherwood State: OR Zip: 97140 Phone: (503) 504-1503

WELL LOCATION:

X County: Washington Owner's Well Number: 491

X Township: 2P N or S, Range: 1W E or W, Section: 34 SE 1/4 SE 1/4

X Tax Lot Number: 601 Type of Well: water supply monitoring

X Street Address of Well (if different from above): _____

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

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

X Well Depth (in feet): _____ X Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to:

Larry D. McQueen
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

RECEIVED

JUL 20 2001

WATER RESOURCES DEPT.
SALEM, OREGON