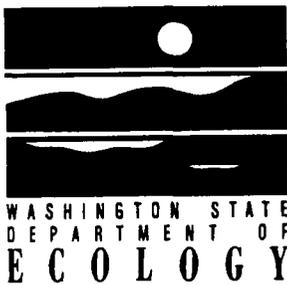


The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.



UNIQUE WELL I D NUMBER A A B O 1 2
X Y Z 1 2 3

WELL TAGGING FORM

Date of Field Visit 04/22/92 By RSG/KAJ

RECORD VERIFICATION

- Well Report available (*please attach*)
- Well Report not available
- Verification inconclusive

WELL OWNERSHIP

Name Helga Thurlow

Street address 3441 Flagler Rd.

City Nordland Rd. State WV.

LOCATION OF WELL

Well Address same

City _____ County _____

T 29 N R 01 E WM Sec 08 1/4 _____ 1/4 _____

GPS Location Latitude _____ ° _____ ' _____ "

Longitude _____ ° _____ ' _____ "

Elevation at land surface +24 feet/meters (*circle one*)

- Digital Altimeter
- Topographic Map
- Other _____

If unable to verify location with GPS equipment:

- Location marked on topographic map (*please attach if available*)
- Location marked on air photo (*please attach if available*)

WELL CHARACTERISTICS

Physical Description of Well (size of casing, type of well, housing, etc) 6"

Location of Well Identification Tag Strapped to casing

Was Supplemental Tag needed for ease of identifying well?

NO

YES

If yes, where was tag placed? _____

Scale 1 24,000 (1"=2,000')

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

Indicate the location of the well within the Section by drawing a dot at that point

SECTION _____

COMMENTS: _____

FOR ECOLOGY WATER RESOURCES PROGRAM USE ONLY

Water Right # _____

Date Issued _____

Circle one

Application

Permit

Certificate

Claim

Exempt

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