



**Oregon Water Resources Department**  
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(503) 986-0902 fax  
[wrd\\_dl\\_wcc@water.oregon.gov](mailto:wrd_dl_wcc@water.oregon.gov)

# Well Constructor Notification Form

**Please check the appropriate notification box and complete the corresponding fields below.**

Day of Drilling:            Seal Placement:            Exigent Circumstances Start Card Extension:

**Day of Drilling:** As required by ORS 537.762, on the day that work on the well commences, the licensed or permitted person shall, before commencing work notify the Department that the work is about to commence.

**Seal Placement Date & Time:** If the actual date for seal placement is not the date proposed on the start card, the licensed or permitted person shall notify the Department of the change at least four (4) hours before placing the seal.

**Start Card Extension Due to Exigent Circumstances:** For good cause shown, start cards may be extended in exigent circumstances one time for up to 30 calendar days with prior Department approval.

**Today's Date:**

**Construction Begin Date:**

**Seal Placement Date:**

**Seal Placement Time:**

**Description of Exigent Circumstances:**

Bonded Well Constructor: Name, License #, and Mailing Address

Bonded Well Constructor Email Address:

Location of Well:

County                      Twp                      Range                      Sec                      ¼ of the                      ¼ Tax lot

Street Address of Well:

Start Card Number (s) for work to be done:

Name and Address of Landowner:

# Notification shall be submitted:

- (a) Electronically by Department approved methods; or
- (b) By mail, or hand delivery, to the region office where the well to be drilled, altered, converted, or abandoned is located. If this method is used, then the notification must be on a department approved notification form and received by the region office prior to beginning construction, alteration, conversion, or abandonment work; or
- (c) By electronic mail. If notification is sent by electronic mail, then the electronic mail shall include a completed copy of a Department approved notification form. If the Department approved notification form is not attached to the electronic mail, then the original notification form must be submitted to the Department within (3) working days of electronic mail notification. Please send all notifications to the following email address: [wrd\\_dl\\_wcc\\_notifications@water.oregon.gov](mailto:wrd_dl_wcc_notifications@water.oregon.gov).

**I have read and understand the above information. I further attest that the information provided is accurate to the best of my knowledge.**

Bonded Well Constructor Signature: \_\_\_\_\_

### FOR WATER RESOURCES DEPARTMENT USE ONLY

Date Postmarked:	Staff Name and Section:
Date Region Office Rec'd:	Date Hand-Delivered:
Time Region Office Rec'd:                      am/pm	Time Hand Delivered:    am/pm