



JOSE 8048

**WELL IDENTIFICATION FORM**

Owner's Well Number: 1

CURRENT WELL OWNER:

Phone (541) 846-6426

Name: ANTHONY A. NEMETH

Mailing Address: 3400 CEDAR FLAT RD

City: WILLIAMS State: OR Zip: 97544

WELL LOCATION:

County: JOSEPHINE Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Township: 39 N or (S) Range: 5 E or (W) Section: 5 SW 1/4 SW 1/4

Tax Lot Number: 1001

Street Address of Well (if different from above): \_\_\_\_\_

*If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.*

**RECEIVED**

WELL INFORMATION:

MAY - 2 1997

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

WATER RESOURCES DEPT.  
SALEM, OREGON

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

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

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

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

**RECEIVED**

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

DEC 20 2010

WATER RESOURCES DEPT.  
SALEM, OREGON

Application #: \_\_\_\_\_ Permit #: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Please Return Completed Form to:

Oregon Water Resources Department  
158 12th Street NE  
Salem, OR 97310

T 11169

(Office use only)

Well Identification Number: 15150



JOSE 11327

**WELL IDENTIFICATION FORM**

Owner's Well Number: 2

**CURRENT WELL OWNER:**

Phone (541) 846-6426

Name: ANTHONY A NEMETH

Mailing Address: 3400 CEDAR FLAT RD

City: WILLIAMS State: OR Zip: 97544

**WELL LOCATION:**

County: JOSEPHINE Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

JOSE  
11327

Township: 39 N or  S Range: 5 E or  W Section: 5 SW 1/4 SW 1/4

Tax Lot Number: 1001

Street Address of Well (if different from above): \_\_\_\_\_

*If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.*

RECEIVED

MAY - 2 1997

**WELL INFORMATION:**

Start Card Number: \_\_\_\_\_ Approx. Construction Date: \_\_\_\_\_ WATER RESOURCES DEPT. SALEM, OREGON

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

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

RECEIVED

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

DEC 20 2010

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

WATER RESOURCES DEPT. SALEM, OREGON

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

Application #: \_\_\_\_\_ Permit #: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Please Return Completed Form to: Oregon Water Resources Department  
158 12th Street NE  
Salem, OR 97310

(Office use only)

Well Identification Number: \_\_\_\_\_ 15151