ATTACHMENT 3

CROO 50377

WELL IDENTIFICATION FORM

CURRENT WELL OWNER: Owner's Well Number: _____

Name: Dave + Rebecca Addinton

Mailing Address: 970 S. Fairview St.

City: ~~Crook~~ DKB Prineville State: OR Zip: 97754

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.

WELL LOCATION:

County: Crook Latitude: _____ Longitude: _____

Township: 15 N or (S) Range: 16 (E) or W Section: 5 C _____ 1/4 _____ 1/4

Tax Lot Number: 4000

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

RECEIVED
JUN 25 1996
WATER RESOURCES DEPT.
SALEM, OREGON

WELL INFORMATION:

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: unk.

Name of Owner at Time of Construction: unk.

Well Depth (in feet): unk. Static Water Level (in feet): unk.

Diameter of Exposed Well Casing (in inches): unk.

Does this well have a formal water right associated with it? Yes: _____ No: X 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: 206554