RECEIVED
MAR 25 1993
WATER RESOURCES DEPT.
SALEM, OREGON

WELL IDENTIFICATION FORM

Owner's Well Number: _____

CURRENT WELL OWNER: Phone 503-286-3319

Name: ESTATE of DOROTHY M. Richardson, DONNA R. JONES, Executor

Mailing Address: 9008 N. CHARLESTON

City: PORTLAND State: OR Zip: 97203

WELL LOCATION: 706 SE Elm Prineville, OR 97754

County: Crook Latitude: _____ Longitude: _____

Township: 15 N or S, Range: 16 E or W Section: 5C ____ 1/4 ____ 1/4

Tax Lot Number: 5000

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.

WELL INFORMATION: "CROO 50519"

Start Card Number: _____ Approx. Construction Date: House constructed 1952.

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): _____

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: 24560