WELL IDENTIFICATION FORM

Owner's Well Number: _____

CURRENT WELL OWNER: Phone none @ this time

Name: Betty Lou Lord

Mailing Address: 1061 Barnes Rd

City: Prineville State: OR Zip: 97754

"CR00 51254"

WELL LOCATION:

County: Crook Latitude: _____ Longitude: _____

Township: 14 N or (S) Range: 16 (E) or W Section: 34 ____ 1/4 ____ 1/4

Tax Lot Number: 1400

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

RECEIVED
MAY 19 2000
WATER RESOURCES DEPT.
SALEM, OREGON

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:

Start Card Number: no well log Approx. Construction Date: _____

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: 42304