

DESC 2180**WELL IDENTIFICATION FORM**

Owner's Well Number: _____

CURRENT WELL OWNER:Phone 360-253-7823Name: Deborah AlexanderMailing Address: 9036 NE 93rd CircleCity: Vancouver State: WA Zip: 98662**WELL LOCATION:**County: Deschutes Latitude: _____ Longitude: _____Township: 14 N or S Range: 12 E or W Section: 33 1/4 _____ 1/4 _____Tax Lot Number: 1923

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

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MAR - 7 1997

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: _____ 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: _____

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