

WELL IDENTIFICATION FORM

COMPLETED

Owner's Well Number: _____

CURRENT WELL OWNER:

Phone: 549-0427

Name: Richard L. and Carol S. Bouorean

Mailing Address: PO BOX 1531

City: Sisters State: OR Zip: 97759

WELL LOCATION: DESC 2988

County: Deschutes Latitude: 44°18'22" Longitude: 121°32'08"

Township: 15 N or S, Range: 10 E or W Section: 10 NE 1/4 NE 1/4

Tax Lot Number: 200

Street Address of Well (if different from above): 69125 BARCLAY LANE Sisters OR 97759

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

33035

(Office use only)

RECEIVED

MAR 23 1999

WATER RESOURCES DEPT.
SALEM, OREGON