

DESC 3258

WELL IDENTIFICATION FORM

Owner's Well Number: _____ WATER RESOURCES DEPT
SALEM, OREGON

CURRENT WELL OWNER:

Phone 541-923-0851

Name: Mountain Valley Arena LLC.

Mailing Address: to Jay Smith, 68020 Cloverdale Road

City: Sisters State: OR Zip: 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 LOCATION:

DESC 3258

County: _____ Latitude: _____ Longitude: _____

Township: _____ N or S, Range: _____ E or W Section: _____ 1/4 _____ 1/4

Tax Lot Number: _____

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

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: 10620