

JACK 14407
WELL IDENTIFICATION APPLICATION FORM

RECEIVED

BUYER/CURRENT WELL OWNER:

APR 10 1997

Name: ROBERT PROUSE

WATER RESOURCES DEPT.
SALEM, OREGON

Mailing Address: 1070 KUBLI ROAD

City: GRANTS PASS State: OR Zip: 97527 Phone: (531) 846-7792

WELL LOCATION:

County: JACKSON Township: 37 N or S Range: 4 E or W

Section: 30 NW 1/4 NW 1/4 Owner's Well Number: 1

Tax Lot Number: 700 Street Address of Well (if different from above): _____

WELL INFORMATION: (do not complete remainder of application if well log is available)

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:

**Lisa Juul
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310**

For Official Use Only:

Well Tag No. _____

13409

M:\wellid.app