

RECEIVED

JACK 17720

JUN 26 1998

WELL IDENTIFICATION FORM

WATER RESOURCES DEPT.
SALEM, OREGON

CURRENT WELL OWNER:

Owner's Well Number: _____

Name: Tom OConnell

Mailing Address: 17600 Hwy 238

City: Grants Pass State: OR Zip: 97527

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:

County: Jackson Latitude: JACK 17720 Longitude: _____

Township: 38 N or S Range: 4W E or W Section: 20 _____ 1/4 _____ 1/4

Tax Lot Number: 1100

Street Address of well (if different than above): _____

WELL INFORMATION:

Start Card Number: _____ Approx. Construction Date: 1973

Well Constructor: _____

Name of Owner at Time of Construction: Rudy DeKerman

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 26292