

WELL IDENTIFICATION FORM
RECEIVED

Owner's Well Number: _____

CURRENT WELL OWNER: _____

JUL - 2 1998

Phone 878-4254

Name: Lenty / May WATER RESOURCES DEPT. Dragon Wheel M.H. Park
SALEM, OREGON

Mailing Address: 20727 Hwy 62

City: Shady Cove State: Or. Zip: 97539

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: "JACK 52340"

County: Jackson Latitude: _____ Longitude: _____

Township: 34 N or S, Range: 1W E or W Section: 21 A 1/4 _____ 1/4

Tax Lot Number: 1004

Street Address of Well (if different from above): 20727 Hwy 62

WELL INFORMATION:

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): 175 Static Water Level (in feet): 77 See remarks

Diameter of Exposed Well Casing (in inches): 6"

Does this well have a formal water right associated with it? Yes: _____ No: X 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: 26320