

OCT 05 1998

WELL IDENTIFICATION FORM

WATER RESOURCES DEPT.
SALEM, OREGON

CURRENT WELL OWNER:

Owner's Well Number: _____

Name: LOMONACO RANDALL

Mailing Address: 15853 SHILOH Rd

City: SAMS VALLEY State: OR Zip: 97503

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 52615''**

County: JACKSON Latitude: _____ Longitude: _____

Township: 39 N or S Range: 32 E or W Section: 11 1/4 1/4

Tax Lot Number: 110

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

WELL INFORMATION:

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: UNKNOWN

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): 6

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 **28817**