



For Official Use Only:

RECEIVED

Received Date:

JUN 10 2004

County Well Log ID #

JOSE 10398

Well Identification Tag #

L-71946

71946

WATER RESOURCES DEPT  
SALEM, OREGON

WELL IDENTIFICATION APPLICATION FORM

(please see attached instructions)

BUYER/CURRENT WELL OWNER:

Name: Gene Williamson

Mailing Address: 7700 Riverbanks Rd.

City: Grants Pass State: OR Zip: 97527 Phone: (541) 479-2687 message

NOTE: Well Identification Tag will be sent to the above address unless otherwise specified above.

WELL LOCATION:

County: Josephine Well # (designation owner has given to well if multiple wells exist on same property): 1

Township: 35 North or South Range: 7 East or West Section: 35 1/4 1/4

Tax Lot #: 900 (not "tax acct.#") Type of Well: water supply X monitoring

Map & Tax Lot - 35-07-35-00-000 900 - 0

Address of Well: 7700 Riverbanks Rd. Grants Pass  
(Number) (Street) (City)

Does this well have a formal water right associated with it? Yes: No: X  
(If unknown you may contact the Water Rights Information Group at 503-378-3739 extension 201)

If Yes: Application #: Permit #: Certificate #:

(Optional): Latitude Longitude (May sometimes be obtained from Well Log Report)

WELL INFORMATION: (If available, attach copy of driller's well report. If report is not available please complete the following, at a minimum the prior landowner names going back until around the time the well would have been drilled. Prior landowners can be obtained from the County Assessor.) - UNKNOWN -

Start Card #: Approx. Well Construction Date:

Well Constructor:

Name of Land Owner at Time of Construction (or list of prior landowners)

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

Diameter of Exposed Well Casing (in inches):

Please Return Completed Form to: Well ID Program @ Oregon Water Resources Department  
158 12th Street NE Salem, OR 97301-4172, or fax to 503-378-8130

PREVIOUS WELL ID APPLICATION VERSIONS SHOULD NOT BE USED

REVISED: 5.0.02