



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem Oregon 97301
 (503) 986-0900
 www.oregon.gov/owrd

Application for Well ID Number

RECEIVED
 DEC 16 2025

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

OWRD

Current Owner Name (please print): Joseph J. Ginet
 Mailing Address: 16955 Water Gap Rd.
 City, State, Zip: Williams, OR. 97544
 Mail Well ID to: SAME AS ABOVE In Care Of (C/O)
 Name & Address: _____
 City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 38 S (North / South) Range: 5 W (East / West) Section: 27 NE 1/4 of the NE 1/4
 Tax Lot (usually last 3-5 numbers of Tax Map #): TL 100 County Josephine
 GPS Coordinates: 42.242254, -123.273050
 Street Address of Well, City: 16955 Water Gap Road, Williams, OR 97544
 If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Domestic, IR, Commercial, Livestock.
 Date Well Constructed (or property built): _____ Total Well Depth: 176 feet Casing Diameter: 6 inch
 Owner at time the well was constructed (if known): _____ Well Report # (if known): JOSE 2087
 Other Information: _____

SUBMITTED BY (please print): Joseph J. Ginet Submitted by District 14 Watermaster.
 PHONE: 541-476-1288 EMAIL &/or FAX: OWRD.District14@water.oregon.gov.

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
 Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date: <u>12-16-2025</u>	Well Report Number: <u>JOSE 2087</u>	Well Identification #: <u>L-159993</u>
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