

RECEIVED

WELL IDENTIFICATION FORM

Owner's Well Number: _____

FEB 11 1998

CURRENT WELL OWNER:

WATER RESOURCES DEPT.
SALEM, OREGON

Phone 846-0005

Name: Richard Worth

Mailing Address: 333 Ragan Rd

City: Williams State: OR Zip: 97544

WELL LOCATION:

" JOSE 51848 "

County: Josephine Latitude: _____ Longitude: _____

Township: 38 N or S Range: 05 E or W Section: 34-00 SE 1/4 SW 1/4

Tax Lot Number: 3000

Street Address of Well (if different from above): 120 Cedar Flat

Williams, OR 97544

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 INFORMATION:

WELL # 1

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

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: _____

23305