

JOSE 53903

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44062

**WELL IDENTIFICATION FORM**

Owner's Well Number: 1

**CURRENT WELL OWNER:**

Phone 541-479-4970

Name: Willie Gibson

Mailing Address: 747 Peco Rd

City: Grants Pass State: OR Zip: 97526

**WELL LOCATION:**

County: Josephine Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Township: 35 N or S, Range: 06 E or W Section: 33 40 1/4 \_\_\_\_\_ 1/4

Tax Lot Number: 300

Street Address of Well (if different from above): \_\_\_\_\_

*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:**

Start Card Number: \_\_\_\_\_ Cox. Construction Date: \_\_\_\_\_

Well Constructor: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Well Depth: \_\_\_\_\_ (in feet): \_\_\_\_\_

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes: \_\_\_\_\_

Certificate #: \_\_\_\_\_

*Could  
Jose 11953  
be it?  
Sent note*

**Oregon Water Resources Department  
158 12th Street NE  
Salem, OR 97310**

**RECEIVED**

(Office use only)

APR 27 2001

Number: \_\_\_\_\_ WATER RESOURCES DEPT. SALEM, OREGON

49062