

WELL IDENTIFICATION FORM

Owner's Well Number: 1

CURRENT WELL OWNER:

Phone (541) 846-6426

Name: ANTHONY A. NEMET #

Mailing Address: 3400 CEDAR FLAT RD

City: WILLIAMS State: OR Zip: 97544

WELL LOCATION:

County: JOSEPHINE Latitude: _____ Longitude: _____

JOSE 8048

Township: 39 N or S Range: 5 E or W Section: 5 SW 1/4 SW 1/4

Tax Lot Number: 1001

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.

RECEIVED

WELL INFORMATION:

MAY - 2 1997

Start Card Number: _____ Approx. Construction Date: _____

WATER RESOURCES DEPT.
SALEM, OREGON

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: 15150