

WELL IDENTIFICATION FORM 682Owner's Well Number: #1**CURRENT WELL OWNER:**Phone 541-576-2639Name: Buck ChurchMailing Address: P.O. Box 787City: Christmas Valley State: OR Zip: 97641**WELL LOCATION:**County: Lake 682 Latitude: _____ Longitude: _____Township: 26 N or S, Range: 18 E or W Section: 30 ^{SW SE}_{NE NW} 1/4 SE 1/4Tax Lot Number: 14-02 Acct. 261835 4900 Ref. 1886Street Address of Well (if different from above): 3 mi on Milican Rd. Right
side of roadWATER RESOURCES DEPT.
SALEM, OREGON

SEP - 9 1996

RECEIVED

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: _____ Approx. Construction Date: 1980

Well Constructor: _____

Name of Owner at Time of Construction: LARRY GRASSMAN

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: X No: _____ If yes:Application #: _____ Permit #: G-9016 Certificate #: Vol 51 page 55703

Please Return Completed Form to:

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

(Office use only)

Well Identification Number: 210685