

LANE 53755
WELL IDENTIFICATION FORM

RECEIVED

CURRENT WELL OWNER:

Owner's Well Number:

Name: Audrey Moore

AUG - 1 1996

Mailing Address: 94185 River Road

WATER RESOURCES DEPT
SALEM, OREGON

City: Junction State: OR Zip: 97448 Phone 998-2635

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 LOCATION:

County: Lane Latitude: _____ Longitude: _____

Township: 15 N or (S) Range: 4 E or (W) Section: 32 1/4 1/4

Tax Lot Number: 9397

Street Address of Well (if different from above): _____

WELL INFORMATION:

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: PARTY DECEASED ALL INFORMATION UNKNOWN

Name of Owner at Time of Construction: DALE + AUDREY MOORE

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: LO 9036