MARI 60115WELL IDENTIFICATION FORM

CURRENT WELL OWNER:	Owner'	s Well Number:
Name: JACK AND	JANET KU	ENZ
Mailing Address: 7601 H	OWELL PR	PAIRIE RD
City: Silver TON	State: OR	_Zip:9738/
If a well report <u>is</u> available for this well, not necessary for you to complete the re well report <u>is not</u> available, please comple	mainder of the form if th	e well report is attached. If a
WELL LOCATION:		
County: Mar 10N	Latitude:	Longitude:
Township:(o N or(s), Range:Z	E of Section: 24	1/4 1/4
Tax Lot Number:		
Street Address of Well (if different from above):		
WELL INFORMATION: Start Card Number: Well Constructor: Name of Owner at Time of Construction Well Depth (in feet):	MIKE PO	ORTER?
Diameter of Exposed Well Casing (in inches):		
Does this well have a formal water right Application #:	associated with it? Yes:	No: If yes:
Please Return Completed Form to:	Oregon Water Resou 158 12th Street NE Salem, OR 97310	rces Department
(Office use only)		
Well Identification Number:	3409 N	1AKI 60115