

MARI 8604

WELL IDENTIFICATION FORM

Owner's Well Number: _____

CURRENT WELL OWNER:

Phone 585-0052

Name: ROBERT INMANN

Mailing Address: 12020 WALDO HILL DR.

City: SALEM State: OR Zip: 97301

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 well report is not available, please complete the remainder of the form to the best of your ability.

WELL LOCATION:

County: MARION Latitude: _____ Longitude: _____

Township: 8S N or S, Range: 1W E or W Section: 4 1/4 1/4

Tax Lot Number: 1600

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

WELL INFORMATION:

Start Card Number: _____ Approx. Construction Date: _____

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: 22988

RECEIVED
JAN - 9 1998
WATER RESOURCES DEPT
SALEM, OREGON

OWRD Staff Notes:
L 22988 LOST! New ID placed
by driller at alt: L 132674