

UMAT 4805
WELL IDENTIFICATION FORM

FEB 20 1997

CURRENT WELL OWNER:

Owner's Well Number: _____

WATER RESOURCES DEPT
SALEM, OREGON

Name: Chuck + Janet Nagels

Mailing Address: 16480 S. Archer Dr.

City: Oregon City State: OR Zip: 97045

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: Umatilla Latitude: _____ Longitude: _____

UMAT
4805

Township: 6 N or S, Range: 35 E or W Section: 29 NW 1/4 NE 1/4

Tax Lot Number: 500

Street Address of Well (if different from above): Rt. 2 Box 176

WELL INFORMATION:

~~No log available.~~

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: 13134