

WELL IDENTIFICATION FORM

WASC 2068

CURRENT WELL OWNER:

Owner's Well Number _____

RECEIVED

Name: Scott Harris

JUL 10 1997

Mailing Address: 1515 Morgensen Rd.

City: Mosier

State: OR

Zip: 97040

WATER RESOURCES DEPT.
SALEM, OREGON

Please send well tag and recording form to: Jeff Hunter, P.O. Box 657, Hood River, OR 97031
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:

WASC 2068

County: _____ Latitude: _____ Longitude: _____

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

Tax Lot Number: _____

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

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 16596