

WELL IDENTIFICATION FORM

Owner's Well Number: 3

CURRENT WELL OWNER:

Phone (503) 472-2674

Name: Ben Flugstad

Mailing Address: 2700 SW Redmond Hill Rd.

City: McMinnville State: OR Zip: 97128

WELL LOCATION:

County: Yamhill 5758 Latitude: 45° 12' Longitude: 123° 14'

Township: 4 N or (S) Range: 5 E or (W) Section: 24 SE 1/4 SE 1/4

Tax Lot Number: 4524 - 1300

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

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 INFORMATION:

Start Card Number: _____ Approx. Construction Date: 7/8/81

Well Constructor: _____

Name of Owner at Time of Construction: Larry Stacey

Well Depth (in feet): 124 Static Water Level (in feet): 16

Diameter of Exposed Well Casing (in inches): 6"

Does this well have a formal water right associated with it? Yes: X No: _____ If yes:

Application #: G-12043 Permit #: G-11085 Certificate #: _____

Please Return Completed Form to: Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

RECEIVED

SEP 18 1996
WATER RESOURCES DEPT.
SALEM, OREGON

(Office use only)

Well Identification Number: L 10740