



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

Do not complete if the well already has a Well I.D Number or if you do not own the property where the well is located.

I. OWNER INFORMATION

Current Owner Name (please print): SNO CAP Vista Water Users Assoc
Mailing Address: 17050 Vista Ridge Dr
City, State, Zip: Sisters OR 97759
Mailing Address (to send Well I.D.): 17050 Vista Ridge Dr
City, State, Zip: Sisters OR 97759

II. WELL INFORMATION

Township: _____ (North/South) Range: _____ (East/West) Section: _____
Tax Lot: _____ County _____ 1/4 _____ 1/4
Lot: _____ Block: _____ Subdivision: _____
Street Address of Well, City, State: _____
Owner at time the well was constructed, (if known): _____
If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Type of Well (domestic, irrigation, commercial, industrial, monitoring, etc.): _____
Date Well Constructed: _____ Well Depth: _____ Casing Diameter: _____
Other Information: _____

SUBMITTED BY (please print): Bonnie Kimmel Sec/Treasurer
PHONE: 541-549 2145 FAX: 541-549 2145

Send application to Oregon Water Resources Department; 725 Summer Street NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Tuesday.

RECEIVED

FEB 12 2007

For Official Use Only by the Oregon Water Resources Department:			WATER RESOURCES DEPT SALEM, OREGON
Received Date:	Well Log Number:	Well Identification Tag #:	
_____	<u>DESC 265</u>	<u>89131</u>	