



State of Oregon
 Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
 (503) 986-0900

Application for Permanent Water Right Transfer

Part 1 of 5 – Minimum Requirements Checklist

This transfer application will be returned if Parts 1 through 5 and all required attachments are not completed and included.

For questions, please call (503) 986-0900, and ask for Transfer Section.

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Check all items included with this application. (N/A = Not Applicable)

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- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Transfer Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator. If you have questions, call Customer Service at (503) 986-0801.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Water Rights to be Transferred: **How many water rights are to be transferred? 1 List them here: Certificate 90564**
Please include a separate Part 5 for each water right. (See instructions on page 6)

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Attachments:

- Completed Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation. *Cert prov.*
- N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land the water right is on.)
- N/A Supplemental Form D – For water rights served by or issued in the name of an irrigation district. Complete when the transfer applicant is not the irrigation district.
- N/A Land Use Information Form with approval and signature (or signed land use form receipt stub). Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.
- N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500' from the surface water source and more than 1000' upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.

(For Staff Use Only)

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

<input type="checkbox"/> Application fee not enclosed/insufficient	<input type="checkbox"/> Map not included or incomplete
<input type="checkbox"/> Land Use Form not enclosed or incomplete	<input type="checkbox"/> Additional signature(s) required
<input type="checkbox"/> Other/Explanation _____	<input type="checkbox"/> Part _____ is incomplete

Staff: _____ 503-986-0 _____ Date: ____/____/____

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Your transfer application will be returned if any of the map requirements listed below are not met.

Please be sure that the transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.

- N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see http://apps.wrd.state.or.us/apps/wr/cwre_license_view/. CWRE stamp and signature are not required for substitutions.
- N/A If **more than three** water rights are involved, separate maps are needed for each water right.
- Permanent quality printed with dark ink on good quality paper.
- The size of the map can be 8½ x 11 inches, 8½ x 14 inches, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy is required.
- A north arrow, a legend, and scale.
- The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
- Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
- Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
- Existing place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the water right is being changed, a separate hachuring is needed for lands left unchanged.
- N/A Proposed place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
- Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water right certificate or permit.
- N/A If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32’15.5”) or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Eagle Crest Master Association, Attn: ECMA President		PHONE NO. 541-548-9300	ADDITIONAL CONTACT NO.
ADDRESS PO Box 1215			FAX NO.
CITY Redmond	STATE OR	ZIP 97756	E-MAIL debbieh@eagle-crest.com
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

Agent Information – The agent is authorized to represent the applicant in all matters relating to this application.

AGENT/BUSINESS NAME Niall Boggs, PE, CWRE / Parametrix		PHONE NO. 541-508-7710	ADDITIONAL CONTACT NO. 541-550-7694
ADDRESS 150 NW Pacific Park Lane, Suite 110			FAX NO. N/A
CITY Bend	STATE OR	ZIP 97701	E-MAIL nboggs@parametrix.com
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

Explain in your own words what you propose to accomplish with this transfer application, and why: Add two points of appropriation and expand place of use to include all of Eagle Crest I Service Area.

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

- Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

Check One Box

- By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); **OR**
- I affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; **OR**
- I affirm the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.

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I understand that prior to Department approval of the transfer application, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the water right is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following newspaper: _____.

I (we) affirm that the information contained in this application is true and accurate.



Niall Boggs
Applicant signature

Authorized Agent
Print Name (and Title if applicable)

7-19-2017
Date

Applicant signature

Print Name (and Title if applicable)

Date

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? Yes No *If NO, include signatures of all deeded landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the water right(s) were conveyed.*

Check the following boxes that apply:

- The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.
- The receiving landowner will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to this landowner.
- Both the receiving landowner and applicant will be responsible for completion of change(s). Copies of notices and correspondence should be sent to this landowner and the applicant.

At this time, are the lands in this transfer application in the process of being sold? Yes No

If YES, and you know who the new landowner will be, please complete the receiving landowner information table below. If you do not know who the new landowner will be, then a request for assignment will have to be filed for at a later date.

If a property sells, the certificated water right(s) located on the land belong to the new owner, unless a sale agreement or other document states otherwise. For more information see: <http://www.oregon.gov/owrd/docs/transfer-propertytransactions.pdf>

RECEIVING LANDOWNER NAME			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	

Describe any special ownership circumstances here: **Quasi-municipal water right serving many individual properties.**

- Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (Tip: Complete and attach Supplemental Form D.)

IRRIGATION DISTRICT NAME Swalley Irrigation District	ADDRESS 54272 Cook Ave #1	
CITY Bend	STATE OR	ZIP 97703

- Check here if water for any of the rights supplied under a water service agreement or other contract for stored water with a federal agency or other entity.

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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To meet State Land Use Consistency Requirements, you must list all county, city, municipal corporation, or tribal governments within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME Deschutes County	ADDRESS 2577 NE Courney Dr	
CITY Bend	STATE OR	ZIP 97701

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

INSTRUCTIONS for editing the Application Form

To add additional lines to tables within the forms or to copy and paste additional Part 5 pages, please **save the application form to your computer**. Unlock the document by using one of the following instructions for your Microsoft Word software version:

Microsoft Word 2003

Unlock the document by one of the following:

- Using the **Tools** menu => click **Unprotect Document**;
- OR**
- Using the **Forms** toolbar => click on the **Protect/Unprotect** icon.

To relock the document to enable the checkboxes to work, you will need to:

- Using the **Tools** menu => click **Protect Document**;
- OR**
- Using the **Forms** toolbar => click on the **Protect/Unprotect** icon.

Microsoft Word 2007

- Unlock the document by clicking the **Review** tab, then click **Protect Document**, then click **Stop Protect**
- To relock the document, click **Editing Restrictions**, then click **Allow Only This Type of Editing**, select **Filling In Forms** from the drop-down menu, then check **Yes, Start Enforcing Protection**.

Microsoft Word 2010

- Unlock the document by clicking the **Review** tab, toggle the **Restrict Editing** icon at the upper right, then click **Stop Protect** at the bottom right. Then uncheck the “**Allow only this type of editing in the document: Filling in forms**” in the “Editing restrictions” section on the right-hand list of options.
- To relock the document, check the **Editing Restrictions/Allow Only This Type of Editing/Filling In Forms** box from the drop-down menu, then check **Yes, Start Enforcing Protection**. You do not need to assign a password for the editing restrictions.

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Other Alternatives:

- Photocopy pages or tables in Part 5, ~~mark through~~ any non-applicable information, insert/attach photocopied pages to document in the appropriate location, and manually amend page numbers as necessary (e.g. Page 5 of 9 10).
- You may refer to additional attachments that you may include, such as separately produced tables or spreadsheets to convey large numbers of rows of place of use listings, owner/property parcels, etc. You may contact the Department at 503-986-0900 and ask for Transfer Staff if you have questions.

Once the application has been unlocked, you may:

- add additional rows to tables using the Table tools, and
- select and copy the pages of Part 5 and paste as many additional sets of Part 5 pages as needed at the end of the application.

After editing, re-lock the document to enable checkboxes to work.

Part 5 of 5 – Water Right Information

Please use a separate Part 5 for each water right being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

CERTIFICATE # 90564

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Description of Water Delivery System

System capacity: _____ cubic feet per second (cfs) **OR**
765 gallons per minute (gpm)

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Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines and sprinklers used to divert, convey and apply the water at the authorized place of use. **Well 2A and Well 3 have historically supplied water to Eagle Crest through the community water distribution system under Certificate 90564. Water main sizes range from 2-inch to 10-inch diameter.**

Well 2A shifted out of vertical alignment due to lateral geological movement. In order to maintain required water supply, Well 2B was drilled nearby as a replacement in 2007. In 2014 a submersible pressure maintenance pump was installed in the old Well 2A hole to handle low system demands, as the system doesn't have a reservoir. Well 2A and Well 2B pumps do not operate at the same time and are approximately 20 feet apart and of similar construction.

Well 3 encountered a sanding problem and Well 4 was drilled nearby as a replacement. The Well 3 hole currently is not in use. Wells 3 and 4 are approximately 40 feet apart and of similar construction. OWRD was notified prior to construction of the new wells, and considered the new Well 2A and Well 4 to be maintenance items. The intent of this water right transfer application is to update Certificate 90564 to reflect the actual well locations and change the place of use to include all of Eagle Crest I, per OWRD recommendation.

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)
 (Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp	Rng	Sec	¼ ¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well 2A	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	2A	15 S	12 E	23	NE NE	200	491 FEET SOUTH & 2055 FEET EAST FROM N1/4 CORNER, SECTION 23
Well 2B	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	2B	15 S	12 E	23	NE NE	200	511 FEET SOUTH & 2055 FEET EAST FROM N1/4 CORNER, SECTION 23
Well 3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	3	15 S	12 E	23	NW NE	6400	104 FEET SOUTH & 696 FEET EAST FROM N1/4 CORNER, SECTION 23
Well 4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	4	15 S	12 E	23	NW NE	6400	64 FEET SOUTH & 692 FEET EAST FROM N1/4 CORNER, SECTION 23

Check all type(s) of change(s) proposed below (change “CODES” are provided in parentheses):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Place of Use (POU) | <input type="checkbox"/> Supplemental Use to Primary Use (S to P) |
| <input type="checkbox"/> Character of Use (USE) | <input type="checkbox"/> Point of Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water
POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV) |

Will all of the proposed changes affect the entire water right?

- Yes Complete only the Proposed (“to” or “on” lands) section of Table 2 on the next page. Use the “CODES” listed above to describe the proposed changes.
- No Complete all of Table 2 to describe the portion of the water right to be changed.

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Please use and attach additional pages of Table 2 as needed.
See page 6 for instructions.

Do you have questions about how to fill-out the tables?
Contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Changes to Water Right Certificate # 90564

List the change proposed for the acreage in each 1/4 1/4. If more than one change is proposed, specify the acreage associated with each change.
If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.											Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.														
Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date				
EXAMPLE																										
2	S	9	E	15	NE	NW	100		15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2	S	9	E	1	NW	NW	500	1	10.0		POD #5	1901
														2	S	9	E	2	SW	NW	500		5.0		POD #6	1901
													APOA	15	S	12	E	23	NE	NE	15122 3A00 0200			Quasi- Municipal	Well 2B	5/20/1985
													APOA	15	S	12	E	23	NW	NE	15122 3A00 6400			Quasi- Municipal	Well 4	5/20/1985
													POU	15	S	12	E	14	SE	SW	Multi ple			Quasi- Municipal	All	5/20/1985
													POU	15	S	12	E	14	NE	SW	Multi ple			Quasi- Municipal	All	5/20/1985
													POU	15	S	12	E	23	SE	NW	Multi ple			Quasi- Municipal	All	5/20/1985
													POU	15	S	12	E	23	NW	SE	Multi ple			Quasi- Municipal	All	5/20/1985
													POU	15	S	12	E	23	NW	NW	Multi ple			Quasi- Municipal	All	5/20/1985
TOTAL ACRES:												TOTAL ACRES:										n/a				

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Additional remarks: Wells 2A, 2b, and 4 contribute to the same community water system serving the entire place of use. Well 3 is not currently used, but ECMA may in the future.

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For Place of Use or Character of Use Changes

Are there other water right certificates, water use permits or ground water registrations associated with the “from” or the “to” lands? Yes No

If YES, list the certificate, water use permit, or ground water registration numbers: Certificate 90565, Permit G-11762/T-10929.

 Pursuant to ORS 540.510, any “layered” water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # N/A;
Surface water primary Certificate # N/A.

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For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # N/A

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:

Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map.

Tip: You may search for well logs on the Department’s web page at:
http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx

AND/OR

Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide “a best estimate” for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well: OWRD Well ID Tag No. L-	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well -specific rate (cfs or gpm). If less than full rate of water right
Well 2A	Yes	n/a	330'	12-3/4" 10"	0-25 0-330	0-25	250-330	157	clay, gravel, congl W/B	200 gpm
Well 2B	Yes	89926	334'	12"	(2)-334	0-48	256-336	246	sandstone, gravels WB	300 gpm
Well 3	Yes	n/a	275'	14"	(2)-25	0-25	220-275	226	coarse congl, boulders	600 gpm

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well: OWRD Well ID Tag No. L-	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well -specific rate (cfs or gpm). If less than full rate of water right
Well 4	Yes	112239	518'	12" 10"	0-445 446-518	0-31	458-518	245	black sands, basalt congl	500 gpm

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District Water Right Transfer Supplemental Form D

WATER RIGHTS ISSUED IN THE NAME OF OR WITHIN THE BOUNDARIES OF A DISTRICT

The Department encourages applicants to coordinate with districts during the planning and preparation of transfer applications involving water rights issued in the name of a district or involving the transfer of water rights located within the boundaries of a district.

This form must be included with your transfer application if the transfer involves rights issued in the name of a district or rights located within district boundaries. This form can be used for both permanent and temporary transfers.

1. APPLICANT INFORMATION

Name: Eagle Crest Master Association, Attn: ECMA President

Address: PO Box 1215

City: Redmond

State: OR

Zip: 97756

Home Phone: _____

Work Phone: 541-548-9300

Other Phone: N/A

Fax: _____

**E-Mail Address: debbieh@eagle-crest.com

2. DISTRICT INFORMATION

District Name: Swalley Irrigation District

Address: 54272 Cook Ave #1

City: Bend

State: OR

Zip: 97703

Home Phone: n/a

Work Phone: 541-388-0658

Other Phone: n/a

Fax: n/a

**E-Mail Address: n/a

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**** By providing an e-mail address, the district and the applicant consent to receive all correspondence from the Department electronically. Copies of final order documents will also be mailed.**

STATE OF OREGON
WATER SUPPLY WELL REPORT

DESG 57946

WELL ID # L 89928

(as required by ORS 537.766)

Instructions for completing this report are on the last page of this form

Amended 10/27/08

(START CARD) # 190432

(1) OWNER: Well Number: 82B
Name Eagle Crest Resort Master Assoc. (EMCA)
Address 7885 S. Falcon Crest Dr.
City Redmond State OR Zip 97788

(2) TYPE OF WORK:
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 334 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	feet or pounds	feet or pounds
16in	0 336	Cement Shurry	0 48	78	each

How was seal placed: Method A B C D E
 Other
Seal placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12in	+2 334 330		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Factory Saw
 Screens Type _____ Material _____

From To	Slot size	Number	Diameter	Telepipe size	Casing	Liner
298 336	3/16	1206			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Baller Air Flooding Artesian

Yield gal/min	Drawdown	Drill stem at	Time
300	.85	278	8 hr.

Temperature of Water 54 Depth Artesian Flow found _____
Was a water analysis done? Yes By whom Lingpus Research Labs
Did any strata contain water not suitable for intended use? Yes No
 Salty Muddy Odor **RECEIVED**
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County _____ Dissection _____ Latitude _____ Longitude _____
Township 18S N or S. Range 12E E or W. of W.M.
Section 23(A) NE 1/4 NE 1/4
Tax lot 309 Lot _____ Block _____ Subdivision Eagle Cr
Street Address of Well (or nearest address) Falcon Crest Dr., Eagle Crest Resort

(10) STATIC WATER LEVEL:
246 ft. below land surface. Date 3/16/2007
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 246

From	To	Estimated Flow Rate	SWL
246	336	800+	246

(12) WELL LOG:

Material	From	To	SWL
Top Soil	0	1	
Cobbles & Sand	1	19	
Gray Basalt	19	37	
Brown Basalt	37	61	
Brown Fractured Basalt	61	69	
Red Clinder Conglomerate	69	69	
Brown Fractured Basalt	69	69	
Yellow Sandstone	69	87	
Black Lava	87	119	
Black Sandstone	119	123	
Black Lava	123	165	
Yellow Sandstone	165	167	
Hard Black Lava	167	184	
Brown Basalt	184	212	
Black Sandstone	212	246	
Black Sandstone & Gravel WB	246	307	246
Brown Sandstone Conglomerate WB	307	336	246

Well completed at 334' after bottom 2' settled

WESTERN WATER DEVELOPMENT
P.O. Box 1670
Redmond, OR 97756

Date started 3/8/2007 Completed 3/16/2007

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ WWC Number _____
Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Robert Buckner WWC Number 1398
Date 3/20/2007

ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER

WATER RESOURCES DEPT SALEM, OREGON

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WATER RESOURCES DEPT SALEM, OREGON

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)
 instructions for completing this report are on the last page of this form

DESC 57946

WELL ID # L 89926
 (START CARD) # 190432

(1) OWNER: Well Number: #2B
 Name Eagle Crest Resort Master Assoc. (EMCA)
 Address 7555 S. Falcon Crest Dr.
 City Redmond State OR Zip 97756

(2) TYPE OF WORK:
 New Well Deepening Alteration (repair/reconstruction) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other
 JUL 25 2017

(4) PROPOSED USE:
 Domestic Community Industrial Injection
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 334 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
15in	0 336	Cement Slurry	0 48	78 sacks	

How was seal placed: Method A B C D E
 Other
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12in	+2	334	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Factory Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
256	336	3/16	1286			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
300	.5ft	278	8 hr.

Temperature of Water 54 Depth Artesian Flow found _____
 Was a water analysis done? Yes By whom Umppqua Research Labs
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Deschutes Latitude _____ Longitude _____
 Township 15S N or S. Range 12E E or W. of WM.
 Section 23(A) NE 1/4 NE 1/4
 Tax lot 200 Lot _____ Block _____ Subdivision Eagle Cr
 Street Address of Well (or nearest address) Falcon Crest Dr.,
Eagle Crest Resort

(10) STATIC WATER LEVEL:
246 ft. below land surface. Date 3/16/2007
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 246

From	To	Estimated Flow Rate	SWL
246	336	800+	246

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top Soil	0	1	
Cobbles & Sand	1	19	
Gray Basalt	19	37	
Brown Basalt	37	51	
Brown Fractured Basalt	51	58	
Red Cinder Conglomerate	58	69	
Brown Fractured Basalt	69	88	
Yellow Sandstone	88	97	
Black Lava	97	119	
Black Sandstone	119	123	
Black Lava	123	155	
Yellow Sandstone	155	157	
Hard Black Lava	157	184	
Brown Basalt	184	212	
Black Sandstone	212	246	
Black Sandstone & Gravels WB	246	307	246
Brown Sandstone Conglomerate WB	307	336	246

Well completed at 334' after bottom 2' settled

WESTERN WATER DEVELOPMENT
 P.O. Box 1670
 Redmond, OR 97756

Date started 3/5/2007 Completed 3/16/2007

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed _____ WWC Number _____
 Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 Signed Robert Buckner WWC Number 1385
 Date 3/20/2007

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

DESC 3977

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15S/12E/14ab

(START CARD) # 17170

(1) **OWNER:**
 Name Eagle Crest Partners Ltd.
 Address P.O. Box 1215
 City Redmond State OR Zip 97756

(9) **LOCATION OF WELL by legal description:**
 County Desch Latitude _____ Longitude _____
 Township 15S Nor S, Range 12E E or W, WM.
 Section 14 NW 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Eagle crest Resort
1522 Clinefalls Rd.--Redmond, OR 97756

(2) **TYPE OF WORK:**
 New Well Deepen Recondition Abandon

(3) **DRILL METHOD**
 Rotary Air Rotary Mud Cable
 Other _____

(4) **PROPOSED USE:**
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) **BORE HOLE CONSTRUCTION:**
 Special Construction approval Yes No Depth of Completed Well 283 ft.
 Yes No Explosives used Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
	ORIGINAL	NO DRILLING	DONE	

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) **CASING/LINER:**

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Liner:	10	0	225'8"	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method original screen
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
600	39		24 1 hr.

Temperature of water N/A Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom NO
 Did any strata contain water not suitable for intended use? Too little
 Safty Muddy Odor Colored Other _____
 Depth of strata: _____

(10) **STATIC WATER LEVEL:**
224 ft. below land surface. Date 1-10-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
WE INSTALLED A 10" LINER TO ACT AS AN EXTENDED RISER PIPE ON TOP OF SCREEN. RISER PIPE IS ATTACHED TO SCREEN BY CENTERING A 10 1/8" O.D. NIPPLE INSIDE SCREEN AND RESTING LINER ON TOP OF SCREEN. SEE ATTACHED DIAGRAM FOR SPECIFIC DETAILS. WELL SCREEN WAS CLEANED OUT TO ORIGINAL DEPTH OF 282' 8".			

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Date started 1-9-90 Completed 1-10-90

(unbonded) **Water Well Constructor Certification:**
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed Steven M. Stadel WWC Number 688
 Date 2-8-90

(bonded) **Water Well Constructor Certification:**
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. all work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.
 Signed [Signature] WWC Number 723
 Date 2-8-90

(1) LAND OWNER
 Owner Well I.D. _____
 First Name _____ Last Name _____
 Company EMCA
 Address PO BOX 1215
 City REDMOND State OR Zip 97756

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrld
 Casing: _____
 Material From To Amt sacks/lbs
 Seal: _____

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 518.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
17.5	0	31	Cement	0	31	38	S
12	31	349					
11.5	349	455					
10	455	518					

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+ From	To	Gauge	Stl	Plstc	Wld	Thrld
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/> 2	31	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> 0	455	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/> 446	518	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method MACHINE
 Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
		8	458	518	.125	3	816	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
500		518	4

Temperature 55 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount
 From 211 To 333 Description BLACK SAND Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
 County DESCHUTES Twp 15.00 S N/S Range 12.00 E E/W WM
 Sec 23 NW 1/4 of the NE 1/4 Tax Lot 6400
 Tax Map Number _____ Lot _____
 Lat _____ " or 44.26166667 DMS or DD
 Long _____ " or -121.25833333 DMS or DD
 Street address of well Nearest address

7220 FALCON DR WELL#3
REDMOND, OR

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	10/7/2013		245

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 300.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8/20/2013	300	398	500		245
9/18/2013	398	518	500		245

(11) WELL LOG Jul 25 2013 2984.00

Material	From	To
SAND GRAVELS	0	1.5
LAVA BROKEN	1.5	3
LAVA BROWN	3	12
LAVA GRAY HARD	12	40
CONGLOMERATE RED	40	75
CONGLOMERATE BROWN	75	100
CONGLOMERATE SANDSTONE BROWN	100	150
FRACTURED CONGLOMERATE	150	160
SANDSTONE CONGLOMERATE	160	186
SAND BLACK	186	202
SANDSTONE CONGLOMERATE BROWN	202	211
SAND BLACK	211	250
SAND ROUND ROCK	250	270
CONGLOMERATE SAND BROWN	270	333
SANDSTONE CONGLOMERATE BROWN	333	415
BASALT VESICULAR BROKEN	415	430
MULTI COLORED BASALTS CONGLOMERATE	430	518

Date Started 8/20/2013 Complete 10/7/2013

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 758 Date 10/8/2013
 Signed THOMAS R PECK (E-filed)

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1720 Date 10/8/2013
 Signed JACK ABBAS (E-filed)
 Contact Info (optional) T 12725