

July 19, 2017
Parametrix No. 297-7458-001

Kelly Starnes
Oregon Water Resources Department
Transfer Section
725 Summer Street NE, Suite A
Salem, OR 97301-1266

Re: Water Rights Transfer Application
Certificates 90564 & 90565

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Dear Kelly:

Thank you very much for your continuing assistance with water rights for Eagle Crest Resort in Deschutes County. We greatly appreciate the Department's help and direction over the years. Enclosed are Transfer applications for Certificates 90564 and 90565.

Reason for Application

Both water right certificates are for quasi-municipal uses. Certificate 90564 allows the use of Wells 2 and 3 for a total of 765gpm. Certificate 90565 allows the use of Well 3 for 480gpm. Since the time that the Final Proof and Claim of Beneficial Use were submitted for these rights in 1993, the dynamic geologic conditions in the Eagle Crest area have prompted changes in groundwater appropriation for the ECMA rights. Conversations with local OWRD staff recommended that once we get the two ECMA quasi-municipal rights certificated, that we get the rights updated to reflect actual well locations and use.

- A new Well 2 (aka Well 2b) was drilled in 2007, and the original Well 2 (aka 2A) was abandoned.
- 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.
- In 2013, Well 3 encountered a sanding problem and a new well was drilled (Well 4). The submersible pump that was in the Well 3 hole was moved over to the new Well 4 hole. The Well 3 hole currently is not in use, but ECMA would like to keep it as a POA in the event it could be rehabilitated in the future. Wells 3 and 4 are approximately 40 feet apart and of similar construction.
- OWRD staff was notified prior to construction of new wells, and considered the new Well 2B and Well 4 to be maintenance items due to the close proximity and similar construction to the wells they were replacing.
- The two certificates have the same service areas, and the wells pump into a common domestic system. The proposed transfer will allow pumping from any of the above wells into the system. This will increase the flexibility for the water system operators to utilize water from the wells throughout the Eagle Crest I community and will better match how water is actually used. Additionally, we are proposing to modify the place of use to cover all of Eagle Crest I existing service areas.

Applicant Name

Both of these certificated quasi-municipal rights are currently listed with "Oregon Resort Acquisitions" as the owner. This is not the correct current owner of these rights. We would like to get the names of the owner of the rights

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updated in OWRD's system and have completed the Transfer applications in the current Owner's name, "Eagle Crest Master Association." I spoke with Jerry Sauter at OWRD about these applications in March of this year and he indicated that since these rights are certificated quasi-municipal rights that no Ownership Update Form was required and that we should complete the applications in the current owner's name. Please let us know if you have any questions regarding this matter.

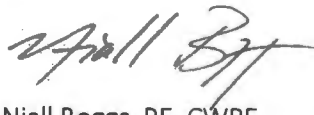
Fees

Review fees for both applications are included in single check for \$4,900.00

Conclusion

The quasi-municipal Certificates 90564 and 90565 are critically important to the Eagle Crest I community. Please carefully consider the application(s) and never hesitate to contact me if you have questions or require additional information.

Sincerely,



Niall Boggs, PE, CWRE

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July 20, 2017

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266

Re: Eagle Crest Master Association – Water Right Transfer Applications
Certificates 90564 and 90565

Gentlemen/Ladies:

Thank you for your assistance with our referenced water right transfer applications. In an effort to assist you and expedite processing, I am designating Parametrix as an Authorized Agent.

Parametrix is hereby authorized to act as my agent in regards to all transactions associated with transfer applications for Certificates 90564 and 90565. We expect Parametrix to prepare and file appropriate application documents, respond to your questions and needs, and generally facilitate processing of all transactions associated with the permit.

Thank you very much for your assistance.

Sincerely,



Bill Neumann, President
Eagle Crest Master Association

Cc: Niall W. Boggs, P.E., C.W.R.E.

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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.

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

- 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 90565**
 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.
- 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.

QWRD

(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"/> Part _____ is incomplete |
| <input type="checkbox"/> Additional signature(s) required | |
| Other/Explanation _____ | |
| Staff: _____ 503-986-0 _____ | Date: ____/____/____ |

Part 2 of 5 – Transfer Application Map Checklist

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 original 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°).

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FEE WORKSHEET for PERMANENT TRANSFER | Part 3 of 5 – Fee Worksheet

| | | | |
|---|--|---|-------------|
| 1 | Base Fee (includes one type of change to one water right for up to 1 cfs) | 1 | \$1,000 |
| | Types of change proposed: <input checked="" type="checkbox"/> Place of Use <input type="checkbox"/> Character of Use <input checked="" type="checkbox"/> Point of Diversion/Appropriation Number of above boxes checked = <u>2 (2a)</u> Subtract 1 from the number in line 2a = <u>1 (2b)</u> <i>If only one change, this will be 0</i> | | |
| 2 | Multiply line 2b by \$800 and enter » » » » » » » » » » » » » » » » | 2 | 800 |
| 3 | Number of water rights included in transfer <u>1 (3a)</u> Subtract 1 from the number in 3a above: <u>0 (3b)</u> <i>If only one water right this will be 0</i> Multiply line 3b by \$450 and enter » » » » » » » » » » » » » » » » | 3 | 0 |
| 4 | Do you propose to add or change a well, or change from a surface water POD to a well? <input type="checkbox"/> No: enter 0 » <input checked="" type="checkbox"/> Yes: enter \$350 » | 4 | 350 |
| 5 | Do you propose to change the place of use or character of use? <input type="checkbox"/> No: enter 0 on line 5 » <input checked="" type="checkbox"/> Yes: enter the cfs for the portions of the rights to be transferred (see example below*): <u>1.06 (5a)</u> Subtract 1.0 from the number in 5a above: <u>0.06 (5b)</u> If 5b is 0 or less, enter 0 on line 5 » If 5b is greater than 0, round up to the nearest whole number: <u>1 (5c)</u> and multiply 5c by \$300, then enter on line 5 » » » » » » » » » » » » » » » » | 5 | 300 |
| 6 | Add entries on lines 1 through 5 above » » » » » » » » » » » » Subtotal: | 6 | 2450 |
| 7 | Is this transfer: <input type="checkbox"/> necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? <input type="checkbox"/> endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat? If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 » If no box is applicable, enter 0 on line 7 » » » » » » » » » » » » » » » » | 7 | 0 |
| 8 | Subtract line 7 from line 6 » » » » » » » » » » » » » » » » Transfer Fee: | 8 | 2450 |

*Example for Line 5a calculation to transfer 45.0 acres of Primary Certificate 12345 (total 1.25 cfs for 100 acres) and 45.0 acres of Supplemental Certificate 87654 (1/80 cfs per acre) on the same land:

- For irrigation calculate cfs for each water right involved as follows:
 - Divide total authorized cfs by total acres in the water right (for C12345, 1.25 cfs ÷ 100 ac); then multiply by the number of acres to be transferred to get the transfer cfs ($x 45 ac = 0.56 cfs$).
 - If the water right certificate does not list total cfs, but identifies the allowable use as 1/40 or 1/80 of a cfs per acre; multiply number of acres proposed for change by either 0.025 (1/40) or 0.0125 (1/80). (For C87654, $45.0 ac \times 0.0125 cfs/ac = 0.56 cfs$)
- Add cfs for the portions of water rights on all the land included in the transfer; however do not count cfs for supplemental rights on acreage for which you have already calculated the cfs fee for the primary right on the same land. The fee should be assessed only once for each "on the ground" acre included in the transfer. (In this example, blank 5a would be only 0.56 cfs, since both rights serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0).

| FEE WORKSHEET for SUBSTITUTION | | | |
|--------------------------------|---|---|----------|
| 1 | Base Fee (includes change to one well) | 1 | \$725.00 |
| 2 | Number of wells included in substitution <u>0 (2a)</u> Subtract 1 from the number in 3a above: <u>0 (2b)</u> <i>If only one well this will be 0</i> Multiply line 2b by \$350 and enter » » » » » » » » » » » » » » » » | 2 | 0 |
| 3 | Add entries on lines 1 through 2 above » » » » » » Fee for Substitution: | 3 | 0 |

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 |

 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 |

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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.

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.

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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 # 90565

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Description of Water Delivery System

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System capacity: _____ cubic feet per second (cfs) OR
480 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 3 has historically supplied water to Eagle Crest through the community water distribution system under Certificate 90565. Water main sizes range from 2-inch to 10-inch diameter. Well 3 encountered a sanding problem and Well 4 was drilled nearby as a replacement. OWRD was notified prior to construction of the new well, and considered the new Well 4 to be maintenance item. The intent of this water right transfer application is to update Certificate 90565 to reflect the actual well locations and change the place of use to include all of Eagle Crest I, per OWRD recommendation. Additionally, we are proposing to add Well 2A and Well 2B to Certificate 90565 to increase operational flexibility.**

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 type="checkbox"/> Authorized <input checked="" 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) |

- Additional Point of Diversion (APOD) Substitution (SUB)
 Surface Water POD to Ground Water POA (SW/GW) 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 # 90565

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 2A & Well 2B | 6/20/1988 |
| | | | | | | | | | | | | | APOA | 15 | S | 12 | E | 23 | NW | NE | 15122 3A00 6400 | | | Quasi-Municipal | Well 4 | 6/20/1988 |
| | | | | | | | | | | | | | POU | 15 | S | 12 | E | 14 | NE | SW | Multi ple | | | Quasi-Municipal | All | 6/20/1988 |
| | | | | | | | | | | | | | POU | 15 | S | 12 | E | 14 | SE | SW | Multi ple | | | Quasi-Municipal | All | 6/20/1988 |
| | | | | | | | | | | | | | POU | 15 | S | 12 | E | 23 | SE | NW | Multi ple | | | Quasi-Municipal | All | 6/20/1988 |
| | | | | | | | | | | | | | POU | 15 | S | 12 | E | 23 | NW | SE | Multi ple | | | Quasi-Municipal | All | 6/20/1988 |
| TOTAL ACRES: | | | | | | | | | | | | TOTAL ACRES: | | | | | | | | | | n/a | | | | |

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OWRD

T
1
1
2
7
2
4

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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T 12724

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 90564, 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

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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 |
| POA 2B | Yes | 89926 | 334' | 12" | (2)-334 | 0-48 | 256-336 | 246 | sandstone, gravels WB | 300 gpm |
| POA 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 |
|---|------------------------------------|--|------------------|-----------------|-------------------------|---------------------------|--|--|---|---|
| POA 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.

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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

**** 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.**

The original and first copy of this report are to be filed with the

WATER WELL REPORT

WATER RESOURCES DEPARTMENT
SALEM, OREGON 97310
within 30 days from the date
of well completion.

RECEIVED

STATE OF OREGON
(Please type or print)

DE 30
3614

State Well No. 15S/12E-2300

State Permit No. G-9103

AUG 21 1979 (Do not write above this line)

well # 2

(1) OWNER: WATER RESOURCES DEPT
Name NEIL CHASE SALEM, OREGON
Address 1004 Cline Falls Rd, Star Rt.
Redmond, Oregon 97756

(2) TYPE OF WORK (check):
New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL: (4) PROPOSED USE (check):
Rotary Driven Domestic Industrial Municipal
Cable Jetted Irrigation Test Well Other
Dug Bored

(5) CASING INSTALLED: Threaded Welded
12 3/4" Diam. from 0 ft. to 25 ft. Gage 250
10" Diam. from 0 ft. to 330 ft. Gage 188

(6) PERFORATIONS: Perforated? Yes No.
Type of perforator used Factory & torch
Size of perforations 3 X 1/8 in. by 6 X 1/8 in.
480 perforations from 250 ft. to 330 ft.

(7) SCREENS: Well screen installed?
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft.
Diam. _____ Slot size _____ Set from _____ ft.

(8) WELL TESTS: Drawdown is amount w lowered below static level
Was a pump test made? Yes No If yes, by whom?
gal./min. with _____ ft. drawdown after _____ hrs.
Bailer test 200 gal./min. with 0 ft. drawdown after 4 hrs.
lan flow _____ g.p.m.
Temperature of water 53 Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:
Well seal—Material used Portland Cement
Well sealed from land surface to _____ ft.
Diameter of well bore to bottom of seal 16 in.
Diameter of well bore below seal 15 in.
Number of sacks of cement used in well seal 21 sacks
How was cement grout placed? _____
Was a drive shoe used? Yes No Plug _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:
County Deschutes Driller's well number _____
NE 1/4 NE 1/4 Section 23 T. 15S R. 12E W.M.
Bearing and distance from section or subdivision corner _____

(11) WATER LEVEL: Completed well.
Depth at which water was first found 307 ft.
Static level 157 ft. below land surface. Date 8-20-79
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG: Diameter of well below casing 15
Depth drilled 330 ft. Depth of completed well 330 ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

| MATERIAL | From | To | SWL |
|--------------------------|------|-----|-----|
| Boulders/cemented gravel | 0 | 19 | |
| gray lava | 19 | 37 | |
| lava | 37 | 51 | |
| fractured | 51 | 58 | |
| w/seams of red lava | 58 | 69 | |
| fractured | 69 | 89 | |
| sandstone | 89 | 97 | |
| va | 97 | 119 | |
| ray hard (graywackie) | 119 | 123 | |
| va | 123 | 156 | |
| sandstone soft yellow | 156 | 157 | |
| Hard blk lava | 157 | 184 | |
| Firm brwn lava | 184 | 212 | |
| Clay, gravel, congl W/B | 212 | 307 | 157 |
| Brwn sandstone (firm) | 307 | 330 | |

Work started 7-25-1979 Completed 8-20-1979
Date well drilling machine moved off of well 8-20-1979

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] _____ Date 8-20-1979
(Drilling Machine Operator)
Drilling Machine Operator's License No. 1052

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name LEWIS & CLARK DRILLING CO., INC.
(Person, firm or corporation) (Type or print)
Address P. O. BOX 583 Redmond, Or. 97756
[Signed] _____
(Water Well Contractor)
Contractor's License No. 6941 Date 2 Aug. 20, 1979

STATE OF OREGON
WATER SUPPLY WELL REPORT

DESG 57946

WELL ID # L 89928

(as required by ORS 537.766)

* Amended * 10/27/08

(START CARD) # 180432

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

(1) OWNER: Well Number: 828
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 | Scale or pounds | feet |
| 1 1/2 in | 0 336 | Cement Sherry | 0 48 | 78 | sacks |

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: 12 in | +2 334 | 280 | <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 | Telephone size | Casing | Liner |
|---------|-----------|--------|----------|----------------|-------------------------------------|--------------------------|
| 288 336 | 3/16 | 1288 | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

| Yield gain/in | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 300 | .8R | 278 | 8 hr. |

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

(9) LOCATION OF WELL by legal description:
County Deschutes 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 289 Lot _____ Block _____ Subdivision Eagle Cr
Street Address of Well (or nearest address) Falcon Crest Dr., Eagle Crest Resort

(10) STATIC WATER LEVEL:
248 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 248

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 248 | 336 | 800+ | 248 |

(12) WELL LOG: Ground elevation _____

| Material | From | To | SWL |
|---------------------------------|------|-----|-----|
| Top Soil | 0 | 1 | |
| Cobbles & Sand | 1 | 19 | |
| Gray Basalt | 19 | 37 | |
| Brown Basalt | 37 | 81 | |
| Brown Fractured Basalt | 81 | 88 | |
| Red Clinder Conglomerate | 88 | 89 | |
| Brown Fractured Basalt | 89 | 89 | |
| Yellow Sandstone | 89 | 97 | |
| Black Lava | 97 | 119 | |
| Black Sandstone | 119 | 123 | |
| Black Lava | 123 | 188 | |
| Yellow Sandstone | 188 | 187 | |
| Hard Black Lava | 187 | 184 | |
| Brown Basalt | 184 | 212 | |
| Black Sandstone | 212 | 248 | |
| Black Sandstone & Gravel WB | 248 | 307 | 248 |
| Brown Sandstone Conglomerate WB | 307 | 336 | 248 |

Well completed at 334' after bottom Z settled

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

Date started 3/6/2007 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 1288
Date 3/20/2007

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

WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED

JUL 28 2008

T 12724

WATER RESOURCES DEPT
SALEM, OREGON

(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/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 | 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:

| Casing: | Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|---------|----------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | 12in | +2 | 334 | .250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <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"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input 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 No By whom Umpqua Research Labs
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor **RECEIVED**
 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 537.466)

DESC 3577

RECEIVED
 FEB 13 1990

15S/12E/14ab

(START CARD) # 17170

(1) OWNER:

Name Eagle Crest Partners Ltd. Well Number _____
 Address P.O. Box 1215 **SALEM, OREGON**
 City Redmond State OR Zip 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.
 Explosives used Yes No 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:

| | Diameter | From | To | Gauge | | | | |
|---------|----------|------|--------|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | | | | | Steel | Plastic | Welded | Threaded |
| Casing: | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 Bailor 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

Salty Muddy Odor Colored Other _____

Depth of strata: _____

(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

(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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JUL 25 2017

OWRD

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. Studahl 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 12724

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

DESC 3579

SEP 18 1989

(START CARD)

well log #2

8050

(1) OWNER: Well Number: _____
Name Eagle Crest Resort
Address 1522 Cline Falls Rd.
City Redmond State OR Zip 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 _____ ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | Amount sacks or pounds |
|----------|------|----|----------|------|----|------------------------|
| Diameter | From | To | Material | From | To | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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: | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner: | 12" | 227 | 235 | .188 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) _____

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

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input 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 |
|---------------|----------|---------------|-------|
| | | | 1 hr. |
| | | | |

Temperature of water _____ Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Desch Latitude _____ Longitude _____
Township 15S N or S, Range 12E E or W, WM.
Section 14 SW 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
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 |
|--|------|----|-----|
| well screen had sagged to -228. Screen is now from -228 to -283. Well was bailed out to a depth of -256 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

RECEIVED
JUL 25 2017
OWRD

Date started 8-14-89 Completed 8-16-89

(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.

WWC Number _____
Signed _____ 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. al 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.

WWC Number 570
Signed *[Signature]* Date 9-14-89

12724

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

DESSC
 QB 50

RECEIVED

5310 155/12E-14
 dc

SEP 16 1988

well log #1

(1) OWNER: Owner's Well Number: 6
 Name Eagle Crest Resort
 Address 1522 Cline Falls Rd.
 City Redmond State OR Zip 97756

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

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

PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:
 Depth of Completed Well 275 ft.
 Special Standards date of approval _____

| HOLE near From To | SEAL Material From To | Amount sacks or pounds |
|----------------------|--------------------------|---------------------------|
| | | |
| 18" +2 -25 | cement 0 -25 | 24 sacks |
| 16" -25 -290 | | |

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 |
|----------|------|-----|-------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 14" | +2 | -25 | .250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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:

| 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 Bailor Air Flowing Artesian
 Yield gal/min Pumping level Drill stem at Time 1/4 hr

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Deschutes Oregon Longitude _____
 Township 15S N or S, Range 12E E or W, WM.
 Section 14 SW 14 SE 14
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 1522 Cline Falls Rd. Redmond, OR

(10) STATIC WATER LEVEL:
226 ft. below land surface. Date 8-15-88
 Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG: Ground elevation _____

| Material | From | To | WB? | SWL |
|--|------|-----|-----|-----|
| topsoil | 0 | 2 | | |
| grey hard rock | 2 | 37 | | |
| brown coarse conglomerate | 37 | 85 | | |
| tan broken lava | 85 | 127 | | |
| brown coarse conglomerate and boulders | 127 | 226 | | 226 |
| broken black rock | 226 | 231 | yes | |
| fine black sand | 231 | 271 | yes | |
| brown coarse conglomerate | 271 | 290 | | |

Date started 7-27-88 Completed 8-15-88

(unbonded) Water Well Constructor Certification:
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed Larry Crawford Date 9-9-88
 Company Crawford Well Drilling Co. Job No. _____

(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 Std 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/lbs | |
|-----------|------|-----|----------|------|----|-----------|-----|
| 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 | Std | 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 checked="" 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 | Scrm/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 _____

(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
 Date _____ SWL(psi) _____ + SWL(ft) _____
 Existing Well / Pre-Alteration _____
 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

| Interval | From | To |
|------------------------------------|------|-----|
| SAND GRAV | 0 | 1.5 |
| LAVA BROK | 1.5 | 3 |
| LAVA BROV | 3 | 12 |
| LAVA GRA | 12 | 40 |
| CONGLOML | 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) 12724
 Contact Info (optional) _____