

Well 7	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	DESC 1083	15	S	12	E	15	SW	SE		930 feet north & 1,819 feet west from SE corner, Section 15
Well 8	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	DESC 51680	15	S	12	E	14	SW	SE		1,404 feet north & 281 feet east from SW corner, Section 14
Well 9	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	DESC 54485	15	S	12	E	16	NE	NE	1512 16AA 0030 0	204 feet south & 476 feet west from NE corner, Section 16
Well 10	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		15	S	12	E	16	NE	NE	1512 16AA 0030 0	247 feet south & 476 feet west from NE corner, Section 16

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

- | | |
|--|---|
| <input 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 checked="" type="checkbox"/> Point of Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input 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.

Received by OWRD

MAY 27 2022

Salem, OR

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

DRSC
1083

RECEIVED
 OCT 28 1991

155/12E-22a
 (START CARD) # 34267

(1) **OWNER:**
 Name Eagle Ridge Development
 Address P.O. Box 1215
 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 800 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks	or pounds
13	0 50	cement	18 50	60	
10	50 100	cement & bentonite	0 18	15	
8	100 800	bentonite	90 100		

How was seal placed: Method A B C D E
 Other bentonite dry in top 18'
 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: 8"	+2	98'	.750	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	0	800		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 800

(7) **PERFORATIONS/SCREENS:**

Perforations Method air perf
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
600	620	1X1/8	400	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>
700	800	1X1/8	2000	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailor Air Flowing Artesian
 Yield gal/min 30 Drawdown _____ Drill stem at 800 Time 1 hr.

Temperature of water 54 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 DRSC Latitude _____ Longitude _____
 Township 15S N or S, Range 12E E or W, WM.
 Section 22 SE 14 NE 14
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Chase Falls Hwy

(10) **STATIC WATER LEVEL:**
528 ft. below land surface. Date 10/11/91
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:** Received by OWRI

Depth at which water was first found 608

From	To	Estimated Flow Rate	SWI
608	615		
720	735		

MAY 27 2022
 Salem, OR

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

Material	From	To	SWI
dirt	0	2	
broken rock	2	12	
sand black coarse dry	12	25	
broken rock red & grey	25	36	
Rock harder	36	42	
sandstone soft brown	42	48	
lava porous grey & brown	48	55	
broken lava red & grey	55	83	
lava harder red & grey	83	132	
basalt grey hard	132	160	
lava red med	160	185	
lava red w/white pumice	185	203	
multi colored lava brn/red/gr	203	310	
broken lava red/brown	310	375	
rock brn med	375	392	
rock grey w/some pumice	392	400	
rock grey and white	400	435	
rock brn/grey/white	435	442	
basalt grey hard	442	461	
andacite grey/brn hard	461	608	
cinders or pumice	608	615	
quartzite/andacite wthered	615	720	
brown andacite weathered	720	735	H ₂ O

Date started 9/18/91 Completed 10/11/91

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, 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 [Signature] WWC Number 1358
 Date 10/24/91

(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. 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 10/24/91

RECEIVED

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

DESC
1083

OCT 28 1991

155/12E-22a
34267

(START CARD) # 34267

(1) OWNER:
Name Eagle Ridge Development Well Number WATER RESOURCES DEPT.
Address _____
City _____ State _____ Zip _____

(9) LOCATION OF WELL by legal description:
Latitude _____ Longitude _____
Township _____ Nor S. Range _____ E or W. WM. _____
Section _____ 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(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"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tea/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"/>

(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: _____

(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
<u>brown andacite hard</u>	735	765	
<u>andacite red/grey w/pumice sft</u>	765	787	
<u>andacite hard</u>	787	790	
<u>andacite softer</u>	790	800	

Received by OWRD

MAY 27 2022

Salem, OR

Date started 9/18/91 Completed 10/11/91

(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 [Signature] WWC Number 1358
Date 10/24/91

(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 _____ WWC Number 723
Date 10/24/91

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

Desc
 1083

RECEIVED RECEIVED s/12e/22c

MAR - 9 1993 MAR 24 1993 (START CARD) # 34267

Page 1 of 2

(1) OWNER: Well Number _____
 Name Eagle Ridge Development
 Address P.O. Box 1215
 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 800 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE Diameter	From		To		Material	SEAL		Amount sacks or pounds
	From	To	From	To				
13	0	50	0	18	Bentonite		15	
10	50	100	18	100	Cement		60	
8	100	800						

How was seal placed: Method A B C D E
 Other Bentonite dry in top 18'
 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	
				Steel	Plastic	Welded	Threaded	Steel	Plastic	Welded	Threaded		
Casing: 8	+2	98	.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"/>	
Liner: 6	0	800		<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"/>	

Final location of shoe(s) 800

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
600	620	1x1/8	400	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>
700	800	1x1/8	2000	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
 30 _____ 800 _____ 1 hr.

Temperature of Water 54 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: _____

WATER RESOURCES DEPT
 LOCATION OF WELL by legal description:
 SALEM, OREGON
 County _____ Latitude _____ Longitude _____
 Township 15 S N or S. Range 12 E E or W. WM. _____
 Section 22 SE 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Cline Falls Hwy

(10) STATIC WATER LEVEL:
528 ft. below land surface. Date 10-11-9
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 608

From	To	Estimated Flow Rate	SWI
608	615		
720	735		

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 MAY 27 2022

(12) WELL LOG: Salem, OR
 Ground elevation _____

Material	From	To	SWI
Dirt	0	2	
Broken rock	2	12	
Sand black coarse dry	12	25	
Broken rock red & gray	25	36	
Rock harder	36	42	
Sandstone soft brown	42	48	
Lava porous gray & brown	48	55	
Broken lava red & gray	55	83	
Lava harder red & gray	83	132	
Basalt gray hard	132	160	
Lava red medium	160	185	
Lava red with white pumice	185	203	
Multi-colored lava brown red	203		
gray		310	
Broken lava red brown	310	375	
Rock medium brown	375	392	
Rock gray with some pumice	392	400	
Rock gray and white	400	435	
Rock brown gray white	435	442	
Basalt gray hard	442	461	

AMENDED LOG
 CONTINUED

Date started 9-18-91 Completed 10-11-91

(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 [Signature] WWC Number 13
 Date 3-8-92

(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 is true to the best of my knowledge and belief.
 Signed [Signature] WWC Number 26
 Date 3-8-93

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

Desc 1083

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MAR - 9 1993 MAR 24 1993

15S/12E/220d

Page 2 of 2

(START CARD) # 34267

WATER RESOURCES DEPARTMENT
 SALEM, OREGON

(1) OWNER: Well Number _____
 Name Eagle Ridge Development
 Address P.O. Box 1215
 City Redmond State OR Zip 97756

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

(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 Diameter	From		Material	SEAL From		To	Amount sacks or pounds
	From	To		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	Material			
				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"/>
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 _____
 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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____

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: _____

(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
Andacite gray brown hard	461	608	
Cinders or pumice	608	615	
quartzite andacite weathered	615	720	
Brown andacite weathered	720	735	
Brown andacite hard	735	765	
Andacite red gray with pumice	765		
softer		787	
Andacite hard	787	790	
Andacite softer	790	800	

Received by OWRD

MAY 27 2022

Salem, OR

Date started 9-18-91 Completed 10-11-91

(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 [Signature] WWC Number 1358
 Date 3-8-93

(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 3-8-93