

DESC 8484

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209/11E/846

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

DEC 27 1993

JAN - 7 1994

Page 1 of 2 WATER RESOURCES DEPT. (START CARD) # 35362 P 6-11598

(1) OWNER: Sunriver Utilities, Well Number SALEM, OREGON, Address P.O. Box 3699, City Sunriver, State OR, Zip 97707

(9) LOCATION OF WELL by legal description: County Deschutes, Township 20 S, Range 11 E, Section 8 NW, Tax Lot Unknown, Block, Subdivision, Street Address of Well (or nearest address) Intersection of Spring River Road & Huntington

(2) TYPE OF WORK: [X] New Well, [] Deepen, [] Recondition, [] Abandon

(3) DRILL METHOD: [X] Rotary Air, [] Rotary Mud, [] Cable, [] Other

(4) PROPOSED USE: [] Domestic, [] Community, [] Industrial, [X] Irrigation, [] Thermal, [] Injection, [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No, Depth of Completed Well 307 ft., Explosives used [] Yes [X] No

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Amount sacks or pounds. Row 1: 24, 0, 82, Cement, 0, 82, 9 yards. Row 2: 19, 82, 307, -, -, -, 243 sacks.

How was seal placed: Method [] A, [] B, [X] C, [] D, [] E, [] Other. Backfill placed from ___ ft. to ___ ft. Material ___. Gravel placed from ___ ft. to ___ ft. Size of gravel ___.

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 20, +1, 82, .375, [X], [], [X], []. Liner: 16, +2.5, 307, .375, [X], [], [X], [].

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS: [X] Perforations Method Machine, [] Screens Type _____ Material _____

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Row 1: 207.5, 307.5, 1/8x3, 6080, 16, ---, [], [X].

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

Table with columns: Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem at, Time. Row 1: unmeasurable, 1 hr.

Temperature of Water 55, Depth Artesian Flow Found JUN 10 2007, Was a water analysis done? [] Yes By whom, Did any strata contain water not suitable for intake? [] Salty [] Muddy [] Odor [] Colored [] Other, SALEM, OREGON, Depth of strata: _____

(10) STATIC WATER LEVEL: 8.4 ft. below land surface. Date 12/9/93. Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES: Depth at which water was first found 4

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 147, 153, N/A, 8.4. Row 2: 159, 166, N/A, 8.4. Row 3: 179, 186, N/A, 8.4. Row 4: 206, 214, N/A, 8.4.

(12) WELL LOG: Ground elevation _____

Table with columns: Material, From, To, SWL. Rows: Sandy dirt (0-2), Sand and gravel (2-6), Silty clay green brown (6-20), Silty sand black (20-32), Lava black broken (32-37), Lava black very hard (37-50), Lava green pourous (50-52), Lava black hard (52-79), Lava weathered with clay streaks (79-85), Lava gray hard (85-92), Lava red broken (92-99), Lava brown medium (99-101), Lava brown hard (101-112), Lava brown and red broken (112-116), Lava gray medium (116-131), Lava gray hard (131-147), Lava red fractured with clay WB (147-153), Lava gray medium (153-159), Lava red fractured pourous WB (159-166), Lava gray medium (166-179).

CONTINUED

Date started _____ Completed _____ (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 1523 Date 12/16/93

(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 12/16/93

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

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205/11E/866

(START CARD) # 35362

WATER RESOURCES DEPT.

(1) OWNER:

Name Sunriver Utilities Well Number _____
 Address P.O. Box 3699
 City Sunriver State OR Zip 97707

(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	Material				Threaded
			Steel	Plastic	Welded		
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"/>
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"/>

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"/>

(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? Yes No
 Salty Muddy Odor Colored Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Deschutes Latitude _____ Longitude _____
 Township 20 S N or S. Range 11 E E or W. WM.
 Section 8 NW 1/4 NW 1/4
 Tax Lot Unknown Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Intersection of Spring River Road & Huntington

(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
249	307	N/A	8.4

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Lava red fractured pourous	WB 179	186	
Lava gray medium hard	186	206	
Lava gray medium hard			
Lava green gray & red very broken pourous	WB 206	214	
Lava gray medium	214	219	
Lava red fractured	219	221	
Lava gray hard	221	234	
Lava gray fractured pourous	234	249	
Pumice brown & gray	WB 249	307	

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DEC 27 1993

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 11/09/93 Completed 12/14/93

(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 1523
 Date 12/16/93

(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 12/16/93

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JUN 19 2007

WATER RESOURCES DEPT

SALEM, OREGON