

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

DESC 57644

WELL ID # L 84233

(START CARD) # 187106

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

(1) OWNER: Well Number: #14
 Name Sunriver Water, LLC.
 Address P.O. Box 3699
 City Sunriver State OR Zip 97707

(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 555 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
28	0	34	Cement Slurry	0	34	132 sacks
21	34	177				
20	177	560				

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:	22in	+2	34	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	18in	0	495	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Factory
 Screens Type Slotted Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
395	495	.093		18in	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>
495	555	.125		18in	Pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
2150	10.3	250	23 Hr.

Temperature of Water 48 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 20S N or S. Range 11E E or W. of WM.
 Section 5 NE 1/4 NE 1/4
 Tax lot 101 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 17991 South Century Dr., Sunriver, OR 97707

(10) STATIC WATER LEVEL:
122 ft. below land surface. Date 9/23/2006
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 157'

From	To	Estimated Flow Rate	SWL
157	560	3000+	122

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Compacted Backfill Large Rock	0	3	
Loose Pumice	3	15	
Black Sand	15	17	
Broken Gray Basalt	17	20	
Gray Basalt	20	23	
Gray & Brown Basalt	23	28	
Very Hard Gray Basalt	28	40	
Broken Gray Basalt	40	60	
Blue Gray Basalt	60	75	
Red Cinder	75	83	
Brown Sandstone	83	96	
Gray Basalt	96	105	
Brown & Gray Basalt	105	157	
Vesicular Basalt & Red Cinder WB	157	183	129
Brown Sandstone	183	187	129
Broken Brown & Red Basalt WB	187	218	129
Brown Sandstone	218	242	129
Hard Gray Basalt	242	248	129
Broken Fractured Gray & Red Basalt WB	248	259	129
Soft Red Basalt with Sandstone	259	292	129
Lenses WB			

Date started 4/28/2006 Completed 9/23/2006

(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 Buck WWC Number 1385
 Date 9/24/2006

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WATER RESOURCES DEPT SALEM, OREGON

STATE OF OREGON
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DESC 57644

WELL ID # L **84233**

(START CARD) # **187106**

Page 2

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 Name **Sunriver Water, LLC.**
 Address **P.O. Box 3899**
 City **Sunriver** State **OR** Zip **97707**

(2) TYPE OF WORK:
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(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 _____ ft.
 Explosives used Yes No Type _____ Amount _____

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

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"/>

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 Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time

Temperature of Water _____ Depth Artesian Flow found _____
 Was a water analysis done? Yes No 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 **20S** N or S. Range **11E** E or W. of WM.
 Section **5** NE 1/4 **NE** 1/4
 Tax lot **101** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **17991 South Century Dr., Sunriver, OR 97707**

(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
Blue Green Basalt with Tuff Lenses WB	292	347	129
Gray Vesicular Basalt WB	347	364	129
Hard Gray Broken Basalt with Cinder Lenses WB	364	398	129
Red Cinders WB	398	406	129
Soft Brown Sandstone with Pumice Lenses WB	406	502	129
Medium Hard Brown Basalt with Pumice & Tufted Ash Lenses WB	502	537	129
Multi Colored Basalt & Gravel	537	560	123
Highly Porous WB			

Bottom caved back to 540' prior to casing placement. Cleaned back to 555' & lowered casing and screen assembly accordingly.

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

Date started **4/28/2006** Completed **9/23/2006**

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Signed _____ WWC Number _____
 Date _____

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Signed _____ WWC Number **1385**
 Date **9/24/2006**

Robert Buckner

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