

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

Dose
1083

RECEIVED
 OCT 28 1991

(START CARD) # 34267

155/12E-22a

(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 Type _____ Amount _____

Diameter	HOLE		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
13	0	50	cement	18	50	60
10	50	100	cement- <i>bat</i>	0	18	15
8	100	800	benetone	90	100	

How was seal placed: Method A B C D E

Other benetone dry in top 18'

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel Plastic Welded Threaded			
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Casing	8"	+2	98'	.250	<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	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: _____

(9) LOCATION OF WELL by legal description:

County DRSC Latitude _____ Longitude _____
 Township 15S Nor S, Range 12E E or W, WM.
 Section 22 SE 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Clare 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:

Depth at which water was first found 608

From	To	Estimated Flow Rate	SWL
608	615		
720	735		

(12) WELL LOG:

Material	From	To	SWL
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

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

Desc
1083

RECEIVED RECEIVED 5/12e/2200

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:
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 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 _____

Diameter	HOLE		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
13	0	50	Bentonite	0	18	15
10	50	100	Cement	18	100	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	Material			
				Steel	Plastic	Welded	Threaded
Casing: 8	+2	98	.250	<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
 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: _____

WATER RESOURCES DEPT
LOCATION OF WELL by legal description:
County OREGON 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 10-11-91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 608

From	To	Estimated Flow Rate	SWL
608	615		
720	735		

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
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 gray	203	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. Material used and information reported above are true to my best knowledge and belief.

Signed [Signature] WWC Number 135
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 72
Date 3-8-93

