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T.D.# L22893

STATE OF OREGON WATER RESOURCES DEPT. WATER WELL REPORT SALEM, OREGON (as required by ORS 537.765)

JUL - 7 1998

(START CARD) # 89252

(1) OWNER: Name Eagle Crest Well Number: 8 Address po box 1215 City Redmond State OR Zip 97756

(9) LOCATION OF WELL by legal description: County DeWolfe Latitude Longitude Township 15S N or S. Range 12E E or W, WM. Section 14 NW 1/4 SW 1/4 Tax Lot 1542-1546 Lot Block Subdivision Street Address of Well (or nearest address) cline falls hwy

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

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

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

(5) BORE HOLE CONSTRUCTION: special Construction approval Yes No [] Yes [X] No Depth of Completed Well 600 ft. Explosives used [] [X] Type Amount

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Amount sacks or pounds. Rows: 23" 0 60 cement 0 24 44; 19 60 65 bent 24 40 48; 17" 65 600 cement 40 60 282

How was seal placed: Method [] A [] B [X] C [] D [] E [] Other chips poured 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. Rows for Casing and Liner.

(7) PERFORATIONS/SCREENS: [X] Perforations Method factory-swift [] Screens Type Material

Table for perforations with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Row: 390 600 1/8x3 8000 14"

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Artesian Yield gal/min Drawdown Drill stem at Time

Temperature of water 52degrees 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: 312 ft. below land surface. Date 4-22-98 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Row: 350 600 312

(12) WELL LOG: Table with columns: Material, From, To, SWL. Rows: soil 0 .5; basalt grey fractured .5 8; wthrd rock soft grey 8 13; grey harder 13 32; lava red hard 32 38; lava red hard 38 40; basalt grey very hard 40 100; basalt grey & brown hard 127 141; lava grey & red med 127 141; lava brn hard 141 155; basalt fractures bent red 155 174; andacite basalt grey hard 174 177; cinders red tan grey 177 210; with pumice 210 210; red cinder with grey liner 210 220; & white pumice 220 220; brown sandstone 220 260; brown sandstone 260 280; conglomerate brown&black 280 290; conglomerate brown bounded 280 290; conglomerate moneangular 480 551; ansacite white hard 551 560; plumice white 560 567

Date started 3-19-98 Completed 4-22-98

(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 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 well construction standards. This report is true to the best of my knowledge and belief. Signed WWC Number 1358 Date 5/4/98

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.785)

MAY 27 1998

(START CARD) # 89252

(1) OWNER:

Name **Eagle Crest**
Address **PO Box 1215**
City **Redmond** State **OR** Zip **97756**

Well Number: 8

SALEM, OREGON OF WELL by legal description:

County **Duches** Latitude _____ Longitude _____
Township **15S** N or S. Range **12E** E or W. WM.
Section **14** NW ¼ SW ¼
Tax Lot **15-12-156** 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	Type			
					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 sheets) _____

(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 Bailer 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
basalt grey and brown hard	567	580	
basalt soften	580	590	
basalt hard	590	600	

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.

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. 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.

WWC Number **1255**

Signed _____ Date **5/1/98**