

**STATE OF OREGON  
Water Supply Well Report**

DESC

Well ID Tag # L 108

(as required by ORS 537.765)

Start Card # 136716

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

**(1) Owner** Well Number: 2  
 Name: OREGON WATER WONDERLAND  
 Street: 17153 CRANE DR  
 City: SUNRIVER State: OR Zip Code: 97707

**(2) Type of Work**  
 New  Alter (Recondition)  Alter (Repair)  
 Deepening  Abandonment

**(3) Drill Method**  
 Rotary Air  Rotary Mud  Cable  Auger  
 Other:

**(4) Proposed Use**  
 Domestic  Community  Industrial  Irrigation  Injection  
 Livestock  Thermal Other:

**(5) Bore Hole Construction**  
 Special Standards: Depth of completed well: 555.00 ft.  
 Explosives Used: Amount: Type:  

Hole		Seal		Sacks/lbs
Diameter	From To	Mtrl	From To	
16	0 350	CE	0 350	1384
12	350 530	CE	470 530	35
10	530 555			

 How was seal placed? C Other:  
 Back fill placed from: Material:  
 Filter pack from: Size:

**(6) Casing / Liner**

Casing/Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used
C	10	470	530	.250	5	X			
C	12	2	512	.250	5	X		512	

**(7) Perforation / Screens**

Perforations:

Mtrl	From	To	Width	Height	#Slots	Dis.	UpSize	Casing Lnr	Method
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Screens:

Mtrl	From	To	S Size	#Slots	Dis.	UpSize	Type	Gauge
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**(8) Well Tests** (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
A	600.00	G		650	2.00

Temperature of Water: 46.00 F  
 Was water analysis done?  Depth of artesian flow:  
 by whom?  
 Did any strata contain water unsuitable for use?  Too Little  Salty  
 Muddy  Odor  Colored other: SILT, FINE SAND  
 Depth of strata: 510

**(9) Location of Hole by legal description**  
 County: DESC Latitude: Longitude:  
 Township: 20.00 S Range: 11.00 E  
 Section: 18 SWNW Lot: Block:  
 Tax Lot: 14100 Subdivision:  
 Street Address of Well (or nearest address):  
 56208 BUFFELHEAD  
 MAP, with location identified, must be attached.

**(10) Static Water Level**  
 Feet below land surface: 6.00 Date: 06 / 16 / 2001  
 Artesian Pressure: Date:

**(11) Water Bearing Zones**  
 Depth at which water was first found: 68.00 ft.

From	To	est Flow	swf
64	76	60	10
288	278	60	4
308	315	60	24

**(12) Well Log** Ground Elevation:

Material	From	To	swf
CLAY SAND BROWN	0	8	
CLAY SILT GRAY	8	45	
CLAY SILT BROWN	45	64	
GRAVELS SAND FINE	64	68	10
SAND GRAVELS	68	76	10
SAND FINE GRAY	76	123	
SAND FINE BLACK	123	148	
SAND/PUMICE	148	180	
BLACK SAND SILT	180	193	
PUMICE	193	208	
SAND SILT CLAY	208	215	
CLAY GRAY	215	228	
SAND CLAY LAYERS	228	240	
SAND BROWN PACKED	240	248	
SAND BROWN	248	259	
SAND GRAY	259	278	4
PINK BROWN CLAY	278	285	
CLAY GRAY	285	293	
RED BROWN CLAY	283	306	
SAND GRAY	308	315	24
RED CLAY	315	338	
PUMICE	338	348	
CLAY RED/GRAY	348	368	

Date Started: 03 / 16 / 2001 Date Completed: 06 / 19 / 2001

**(unbonded) Water Well Constructor Certification:**  
 I certify that the work I perform 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 the best knowledge and belief.  
 Signed by: THOMAS R PECK MWC #: 768

**(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 by: JACK ABBAS MWC #: 1720  
 ABBAS WELL DRILLING CO Phone: 641-648-2787

STATE OF OREGON Water Supply Well Report

(as required by ORS 537.765)

DESC

53974

Received Date:

Well ID Tag # L 108

Start Card # 135715

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

(1) Owner Well Number: Name: Street: City: State: Zip Code:

(9) Location of Hole by legal description County: Latitude: Longitude: Township: Range: Section: Lot: Block: Tax Lot: Subdivision: Street Address of Well (or nearest address): MAP, with location identified, must be attached.

(2) Type of Work [ ] New [ ] Alter (Recondition) [ ] Alter (Repair) [ ] Deepening [ ] Abandonment

(10) Static Water Level Feet below land surface: Date: Artesian Pressure: Date:

(3) Drill Method [ ] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger Other:

(11) Water Bearing Zones Depth at which water was first found: From To est Flow swl 548 555 600 6

(4) Proposed Use [ ] Domestic [ ] Community [ ] Industrial [ ] Irrigation [ ] Injection [ ] Livestock [ ] Thermal Other:

(12) Well Log Ground Elevation: Material From To swl CLAY BROWN 368 380 SILT 380 388 CLAY GRAY 388 396 CLAY BLACK 396 410 SILT BROWN 410 425 SAND BROWN 425 435 PUMICE SAND BROWN 435 492 PUMICE CINDERS SAND 492 505 CLAY PUMICE 505 508 CLAY BLUE 508 512 LAVA 512 525 BASALT 525 548 BASALT BROKEN 548 555 6

(5) Bore Hole Construction [ ] Special Standards: Depth of completed well: [ ] Explosives Used: Amount: Type: Hole Seal Diameter From To Mtrl From To Sacks/lbs How was seal placed? 0 Other: Back fill placed from: Material: Filter pack from: Size:

(6) Casing / Liner Casing/Liner Diameter From To Gauge Mtrl Weld Thrd Shoe at used Shoe used

(7) Perforation / Screens Perforations: Mtrl From To Width Height #Slots Dia. t/pSize Casing/Liner Method Screens: Mtrl From To S Size #Slots Dia. t/pSize Type Gauge

(8) Well Tests (Minimum testing time is one hour) Type Yield Units Drawdown Stem at Duration Temperature of Water: Was water analysis done? [ ] Depth of artesian flow: by whom? Did any strata contain water unsuitable for use? [ ] Too Little [ ] Salty [ ] Muddy [ ] Odor [ ] Colored other: Depth of strata:

Date Started: Date Completed:

(unbonded) Water Well Constructor Certification: I certify that the work I perform 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 the best knowledge and belief. Signed by: MWC #: (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 by: MWC #: Phone:

August 1, 2000

Attachment 2.3

**Oregon Water Resources Department**

**REQUEST FOR WRITTEN APPROVAL TO USE CONSTRUCTION METHODS NOT INCLUDED IN OREGON ADMINISTRATIVE RULES 690-200 THROUGH 690-240**

Before request can be considered, the following must be answered. Requests shall be submitted to the Well Construction Specialist, Water Resources Department. Requests may also be considered by the appropriate Region Manager.

Date of request: 6/8/01 Oral approval date (if applicable): \_\_\_\_\_

Bonded Well Constructor (name, license #, and mailing address):

Abbas Well Drilling # 1720  
Po Box 2130  
Terrebonne, OR 97760

(1) Location of Well: SW 1/4 NE 1/4 of Section 18

Township 20 N Range 11 W, Deschutes County.

Address at well site: 56209 Buffalohead Fall River

Merganser Well

(2) Start Card Number(s): 135715

(3) Name and Address of Land Owner: Oregon Water Wonder Land  
17153 Crone Dr Sunriver, OR

(4) Distance to the nearest well septic tank or drainfield (if water supply well): 100'

(5) The unusual conditions which necessitate this request: 12" casing driven  
further than 500' to reach Basalt

(6) The proposed construction methods that the well constructor believes will be adequate for this well (attach additional pages if needed): Drill 12" hole  
Basalt from 512 to 530 cement 60' of 10" casing  
470-530

This is a final order in other than contested case. This order is subject to judicial review under ORS 183.484. Any petition for judicial review of the order must be filed within the time specified by ORS 183.484 (2).

WRD Field Enforcement Manual

**RECEIVED**

Page 1

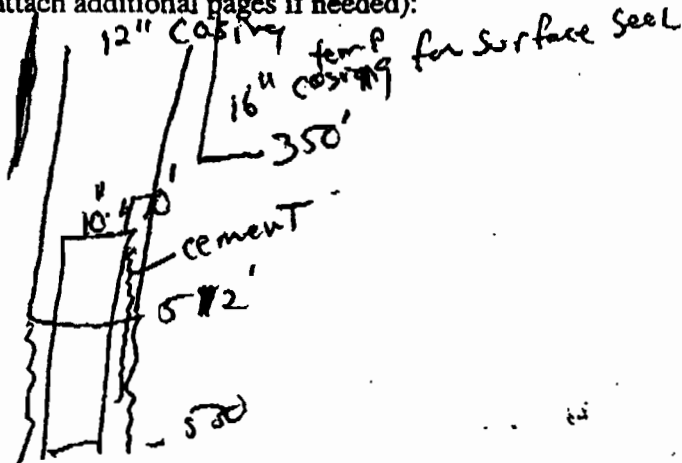
JUN 13 2001

WATER RESOURCES DEPT  
SALEM, OREGON

W-CA

August 1, 2000

- (7) Diagram showing the pertinent features of the proposed well design and construction (attach additional pages if needed):



**PLEASE NOTE:**

- (1) If approved, all other phases of well construction must comply with the appropriate standards described in OAR 690-200 through 690-240.
- (2) If it should be determined at some future date that the well, due to its construction, is allowing groundwater contamination, waste or loss of artesian pressure, the undersigned shall return to the site and rectify the problem.
- (3) If oral approval was granted, a written request must be submitted to the Department either within three (3) working days of the date of oral approval or prior to the completion of the associated well work. Failure to submit a written request as described above may void prior approval.

I have read and understand the above information. I further attest that the information provided is accurate to the best of my knowledge.

Bonded Constructor Signature: *[Signature]*

*For Water Resources Department Use Only*

Approved  Denied

Date: 6-8-01

Signature: *[Signature]*

Remarks: