

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(1) OWNER:

Well Number: #9

Name: Eagle Crest Resort
Address: 920 SW Emkay DR Suite C-100
City: Redmond State: OR Zip: 97702

(2) TYPE OF WORK:

[X] New Well [] Deepening [] Alteration/recondition [] Abandonment

(3) DRILL METHOD:

[X] Rotary Air [] Rotary Mud [] Cable [] Auger
[] Other:

(4) PROPOSED USE:

[X] Domestic [] Community [] Industrial [X] Irrigation
[] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [] Yes [X] No

Depth of Completed Well 735"

Explosives Used [] Yes [X] No Type --- Amount ---

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, sacks or pounds. Row 1: 23, 0, 20, Cement, 0, 20, 34 Sacks.

How was seal placed: Method [] A [] B [X] C [] D [] E
[] Other

Backfill placed from ___ to ___ Material ___

Gravel placed from 635 to 736 Size of gravel #6-9sand

(6) CASING/LINER:

CASING:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Row 1: 18", +1, 20, .375, [X], [], [X], [].

LINER:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Row 1: 8", 663, 671, [], [], [], [].

Final location of Shoe(s):

(7) PERFORATIONS/SCREENS:

[] Perforations Method:
[X] Screen Type: Material: SS

Table with columns: From, To, Slot Size, No., Diameter, Tele/pipe size, Casing Liner. Row 1: 628, 663, .20, [], 8", P, [], [X].

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

[] Pump [] Bailer [X] Air [] Flowing Artesian
Yield gpm Drawdown Drill Stem at Time

Table with columns: Yield gpm, Drawdown, Drill Stem at, Time. Row 1: 500', 610, 8, 1 hr.

Temperature of water 51 Depth Artesian Flow Found ---

Was a water analysis done? --- By whom: ---

Did any strata contain water not suitable for intended use? (explain)

--- Depth of Strata: ---

WELL ID # L 50204
START CARD # 111252

(9) LOCATION OF WELL by legal description:

County: Deschutes Latitude: Longitude:
Township: 15 S Range: 12E
Section: 16 NE 1/4 NE 1/4
Tax Lot: 4800 Lot: N/A Block: Subdivision:
Street Address of Well (or nearest address)
Eagle Crest Dr

(10) STATIC WATER LEVEL:

508 Ft. below land surface Date 11/15/01
Artesian pressure lb. per sq. in. Date

(11) WATER BEARING ZONES:

Table with columns: From, To, Est. Flow Rate, SWL. Row 1: 630, 660, 200+, 508.

(12) WELL LOG:

Table with columns: Material, From, To, SWL. Row 1: Top Soil, 0, 2, [].

RECEIVED

FEB 25 2002

WATER RESOURCES DEPT. SALEM, OREGON

Date Started: 5/21/01 Completed: 11/15/01

(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 the best of my knowledge and belief.

Signed Dan Smith WWC Number 1487 Date 11/20/01

(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 WWC Number 723 Date 11/20/01