

STATE OF OREGON
WATER SUPPLY WELL REPORT

DESC 57243

AMENDED - 12/19/07
DESC 57243

WELL ID # L **80460**

(START CARD) # **170756**

(as required by ORS 537.765)

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

(1) OWNER: Well Number: 1
 Name Morning Start Christian School C/O Roats Water Co.
 Address 61147 Hamilton Lane
 City Bend State OR Zip 97701

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

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
22	0	400	Cement Slurry	280	400	188 sacks
17.5	400	505	Cement Slurry	0	104	242 Sacks

How was seal placed: Method A B C D E
 Other
 Backfill placed from 104 ft. to 288 ft. Material Grout
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	18	+1	400	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	16	390	500	.250	<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 Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
390	500	3/16	4200			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
900	0	465	5 hr.

Temperature of Water 52 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 _____
 Depth of strata: 173-194

(9) LOCATION OF WELL by legal description:
 County Deschutes Latitude _____ Longitude _____
 Township 18S N or S. Range 12E E or W. of WM.
 Section 30 NE 1/4 NW 1/4
 Tax lot 5302 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
398 ft. below land surface. Date 1/12/2006
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 173

From	To	Estimated Flow Rate	SWL
173	194	50+	161
398	505	2500+	398

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil & Rock	0	7	
Hard Gray Basalt	7	78	
Fracture	78	79	
Hard Gray Basalt	79	128	
Red Cinder Conglomerate	128	136	
Brown Conglomerate	136	142	
Hard Gray Basalt	142	151	
Soft Red Cinders	151	162	
Brown Sandstone Conglomerate	162	173	
Broken Gray Basalt & Cinders WB	173	194	161
Hard Gray Basalt	194	227	
Fractured Gray Basalt	227	282	
Hard Gray Basalt & Brown Ash	282		
Seams		287	
Hard Gray Basalt	287	312	
Soft Brown Ash	312	314	
Broken Gray Basalt	314	321	
Soft Brown Ash	321	324	
Broken Brown Basalt & Ash	324	336	
Medium Hard Brown & Gray Basalt	336	346	
Softer Broken Brown Basalt	346	351	
Hard Gray Basalt	351	381	

Continued on next page
 Date started 5/3/2005 Completed 1/12/2006

(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 Buckner WWC Number 1385 Date 1/12/2006

RECEIVED
 DEC 21 2007

STATE OF OREGON *DESC 57243*
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

AMENDED - 1/19/07
DESC 57243

WELL ID # L **80460**

(START CARD) # **170756**

(1) OWNER: Well Number: 1
 Name Morning Start Christian School C/O Roats Water Co.
 Address 61147 Hamilton Lane
 City Bend State OR Zip 97701

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

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
22	0	400	Cement Slurry	280	400	188 sacks
17.5	400	505	Cement Slurry	0	104	242 Sacks

How was seal placed: Method A B C D E
 Other
 Backfill placed from 104 ft. to 288 ft. Material Grout
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	18	+1	400	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	16	390	500	.250	<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 Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tela/pipe size	Casing	Liner
390	500	3/16	4200			<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
900	0	465	5 hr.

Temperature of Water 52 Depth Artesian Flow found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for irrigation?
 Salty Muddy Odor Colored
 Depth of strata: 173-194

(9) LOCATION OF WELL by legal description:
 County Deschutes Latitude _____ Longitude _____
 Township 18S N or S. Range 12E E or W. of WM.
 Section 30 NE 1/4 NW 1/4
 Tax lot 5302 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
398 ft. below land surface. Date 1/12/2006
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 173

From	To	Estimated Flow Rate	SWL
173	194	50+	161
398	505	2500+	398

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil & Rock	0	7	
Hard Gray Basalt	7	78	
Fracture	78	79	
Hard Gray Basalt	79	128	
Red Cinder Conglomerate	128	136	
Brown Conglomerate	136	142	
Hard Gray Basalt	142	151	
Soft Red Cinders	151	162	
Brown Sandstone Conglomerate	162	173	
Broken Gray Basalt & Cinders WB	173	194	161
Hard Gray Basalt	194	227	
Fractured Gray Basalt	227	282	
Hard Gray Basalt & Brown Ash	282		
Seams		287	
Hard Gray Basalt	287	312	
Soft Brown Ash	312	314	
Broken Gray Basalt	314	321	
Soft Brown Ash	321	324	
Broken Brown Basalt & Ash	324	336	
Medium Hard Brown & Gray Basalt	336	346	
Softer Broken Brown Basalt	346	351	
Hard Gray Basalt	351	381	

Continued on next page

Date started 5/3/2005 Completed 1/12/2006

(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.
 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 1385
 Signed Robert Buckner Date 1/12/2006
 Robert Buckner



Dec. 19, 2007 2:39PM

DESC 57243 12/19/07

WNo. 1011 P. 3

WATER SUPPLY WELL REPORT

(as required by ORS 637.768)

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

DESC 57243 (START CARD) # 170785

(1) OWNER: Well Number: 1
Name: Morning Star Christian School C/O Roots Water Co.
Address: 1147 Hamilton Lane
City: Bend State: OR Zip: 97701

(2) TYPE OF WORK:
[X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval: [] Yes [X] No
Depth of Completed Well: 505 ft.
Explosives used: [] Yes [X] No
HOLE SEAL: Amount
Diameter From To Material From To sacks or pounds
17.5 400 405 Cement Slurry 0 104 242 Sacks
How was seal placed: Method [] A [] B [X] C [] D [] E
Backfill placed from 104 ft. to 288 ft. Material: Grout
Gravel placed from ft. to ft. Size of gravel:

(6) CASING/LINER:
Casing: Diameter 18 From +1 To 400 Gauge 375 [X] Steel [] Plastic [X] Welded [] Threaded
Liner: Diameter 16 From 390 To 500 Gauge 250 [X] Steel [] Plastic [X] Welded [] Threaded

(7) PERFORATIONS/SCREENS:
[X] Perforations Method: Factory Saw
[] Screens Type: Material:
From To Slot size Number Diameter Teletape size Casing Liner
390 400 3/16 4200 [] [X]

(8) WELL TESTS: Minimum testing time is 1 hour
[X] Pump [] Baller [] Air [] Flowing Artesian
Yield gpm/min Drawdown Drill stem at Time
900 0 450 8 hr.

Temperature of Water 62 Depth Artesian Flow found
Was a water analysis done? [] Yes [] No By whom
Did any strata contain water not suitable for intended use? [X] Yes [] No
[] Salty [] Muddy [] Odor [] Colored [] Other
Depth of strata: 173-184

(9) LOCATION OF WELL by legal description:
County: Deschutes Latitude Longitude
Township: 18S N or S. Range: 12E E or W. of W.M.
Section: 30 NE 1/4 NW 1/4
Twp lot: 8302 Lot Block Subdivision
Street Address of Well (or nearest address): Same

(10) STATIC WATER LEVEL:
388 ft. below land surface. Date: 1/12/2008
Artesian pressure: ft. per square inch. Date:

(11) WATER BEARING ZONES:
Depth at which water was first found: 173
Table with columns: From, To, Estimated Flow Rate, SWL.
Row 1: 173, 194, 80+, 181
Row 2: 390, 505, 2500+, 388

(12) WELL LOG:
Ground elevation:
Table with columns: Material, From, To, SWL.
Top Soil & Rock: 0, 7
Hard Gray Basalt: 7, 78
Fracture: 78, 79
Hard Gray Basalt: 79, 128
Red Cinder Conglomerate: 128, 136
Brown Conglomerate: 136, 142
Hard Gray Basalt: 142, 181
Soft Red Cinder: 181, 182
Brown Sandstone Conglomerate: 182, 173
Broken Gray Basalt & Cinder WB: 173, 194, 161
Hard Gray Basalt: 194, 227
Fractured Gray Basalt: 227, 282
Hard Gray Basalt & Brown Ash: 282
Basalt: 287, 287
Hard Gray Basalt: 287, 312
Soft Brown Ash: 312, 314
Broken Gray Basalt: 314, 321
Soft Brown Ash: 321, 324
Broken Brown Basalt & Ash: 324, 336
Medium Hard Brown & Gray Basalt: 336, 348
Softer Broken Brown Basalt: 348, 351
Hard Gray Basalt: 351, 381

Continued on next page
Date started: 6/9/2006 Completed: 1/12/2008

(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 Duckner WWC Number: 1388
Date: 1/12/2008

Dec. 19. 2007 2:39PM

WATER SUPPLY WELL REPORT

(as required by ORS 837.700)

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

(1) OWNER: Well Number: 1
Name: Morning Star Christian School C/O Roata Water Co.
Address: 81167 Hamilton Lane
City: Bend State: OR Zip: 97701

(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

(6) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well ft.
Explosives used Yes No Type Amount

Table with columns: HOLE Diameter, From, To; SEAL Material, From, To; Amount 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

(5) CASING/LINER:
Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded
Casing:
Liner:

(7) PERFORATIONS/SCREENS:
Table with columns: From, To, Slot size, Number, Diameter, Total pipe size, Casing, Liner

(8) WELL TESTS: Minimum testing time is 1 hour
Pump Bailer Air Flowing Artesian
Yield gpm/m Drawdown Drill stem at Time

Temperature of Water Depth Artesian Flow found
Was a water analysis done? Yes No By whom
Did any tests contain water not suitable for intended use? Top 5ft
Salty Muddy Odor Colored Other
Depth of strata

(9) LOCATION OF WELL by legal description:
County Deschutes Latitude Longitude
Township 18S N or S. Range 12E E or W. of WM.
Section 30 NE 1/4 NW 1/4
Twp. or 6302 Lot West Subdivision
Street Address of Well (or nearest address) Range

(10) STATIC WATER LEVEL:
ft. below land surface, Date
Atmospheric pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found
Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG:
Ground elevation
Table with columns: Material, From, To, SWL
Cinder & Sandstone some Pea 381
Gravel WB 394 378
Hard Gray Basalt 407 378
Red Cinder Conglomerate WB 428 378
Hard Fractured Basalt WB 484 378
Brown Ash & Red Cinders WB 488 378
Hard Fractured Basalt WB

Date started 5/3/2005 Completed 1/12/2006

(unbonded) Water Well Constructor Certification:
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WWC Number
Signed Date

(bonded) Water Well Constructor Certification:
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WWC Number 1388
Signed Robert Buckner Date 1/12/2006

(1) OWNER: Well Number: 1
 Name Morning Star Christian School C/O Roats Water Co.
 Address 61147 Hamilton Lane
 City Bend State OR Zip 97701

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

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
22	0	400	Cement Slurry	280	400	188 sacks
17.5	400	505				

How was seal placed: Method A B C D E
 Other
 Backfill placed from 0 ft. to 288 ft. Material Grout
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	18	+1	400	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	16	390	500	.250	<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 Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
390	500	3/16	4200			<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
900	0	465	5 hr.

Temperature of Water 52 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: 173-194

(9) LOCATION OF WELL by legal description:
 County Deschutes Latitude _____ Longitude _____
 Township 18S N or S. Range 12E E or W. of WM.
 Section 30 NE 1/4 NW 1/4
 Tax lot 5302 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
398 ft. below land surface. Date 1/12/2006
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 173

From	To	Estimated Flow Rate	SWL
173	194	50+	161
398	505	2500+	398

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil & Rock	0	7	
Hard Gray Basalt	7	78	
Fracture	78	79	
Hard Gray Basalt	79	128	
Red Cinder Conglomerate	128	136	
Brown Conglomerate	136	142	
Hard Gray Basalt	142	151	
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Broken Gray Basalt & Cinders WB	173	194	161
Hard Gray Basalt	194	227	
Fractured Gray Basalt	227	282	
Hard Gray Basalt & Brown Ash	282		
Seams		287	
Hard Gray Basalt	287	312	
Soft Brown Ash	312	314	
Broken Gray Basalt	314	321	
Soft Brown Ash	321	324	
Broken Brown Basalt & Ash	324	336	
Medium Hard Brown & Gray Basalt	336	346	
Softer Broken Brown Basalt	346	351	
Hard Gray Basalt	351	381	

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 FEB 09 2006
 WATER RESOURCES DEPT
 SALEM, OREGON
 Date started 5/3/2005 Completed 1/12/2006

(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 Buckner WWC Number 1385
 Date 1/12/2006

