

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)
 Instructions for completing this report are on the last page of this form

DESE 57946

WELL ID # L 89926

(START CARD) # 190432

** Amended * 10/27/08*

(1) OWNER: Well Number: 82B
 Name Eagle Crest Resort Master Assoc. (EMCA)
 Address 7555 S. Falcon Crest Dr.
 City Redmond State OR Zip 97758

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

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	From To	sacks or pounds
1 1/2 in	0 336	Cement Slurry	0 48		78 sacks

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	Steel	Plastic	Welded	Threaded
Casing: 12 in	+2	334	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input 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	Telephone size	Casing	Liner
256	336	3/16	1296			20	<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
300	.8ft	278	8 hr.

Temperature of Water 54 Depth Artesian Flow found _____
 Was a water analysis done? Yes By whom Impaque Research Labs
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor **RECEIVED**
 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 W.M.
 Section 23(A) NE 1/4 NE 1/4
 Tax lot 200 Lot _____ Block _____ Subdivision Eagle Cr
 Street Address of Well (or nearest address) Falcon Crest Dr., Eagle Crest Resort

(10) STATIC WATER LEVEL:
246 ft. below land surface. Date 3/16/2007
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 246

From	To	Estimated Flow Rate	SWL
246	336	800+	246

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Top Soil	0	1	
Cobbles & Sand	1	19	
Gray Basalt	19	37	
Brown Basalt	37	51	
Brown Fractured Basalt	51	59	
Red Cinder Conglomerate	59	69	
Brown Fractured Basalt	69	69	
Yellow Sandstone	69	97	
Black Lava	97	119	
Black Sandstone	119	123	
Black Lava	123	155	
Yellow Sandstone	155	157	
Hard Black Lava	157	184	
Brown Basalt	184	212	
Black Sandstone	212	246	
Black Sandstone & Gravel WB	246	307	246
Brown Sandstone Conglomerate WB	307	336	246

Well completed at 334' after bottom 2' settled

WESTERN WATER DEVELOPMENT
 P.O. Box 1670
 Redmond, OR 97756

Date started 3/8/2007 Completed 3/16/2007

(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 1388
 Date 3/20/2007

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

DESC 57946

WELL ID # L **89926**

(START CARD) # **190432**

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

(1) OWNER: Well Number: **#2B**
 Name **Eagle Crest Resort Master Assoc. (EMCA)**
 Address **7555 S. Falcon Crest Dr.**
 City **Redmond** State **OR** Zip **97756**

(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 **334** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From	To	Material	From	To
15in	0	336	Cement Slurry	0	48
					78 sacks

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	Steel	Plastic	Welded	Threaded
Casing:	12in	+2	334	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input 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
256	336	3/16	1286			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
300	.5ft	278	8 hr.

Temperature of Water **54** Depth Artesian Flow found _____
 Was a water analysis done? Yes By whom **Umpqua Research Labs**
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County **Deschutes** Latitude _____ Longitude _____
 Township **15S** N or S. Range **12E** E or W. of WM.
 Section **23(A)** **NE** 1/4 **NE** 1/4
 Tax lot **200** Lot _____ Block _____ Subdivision **Eagle Cr**
 Street Address of Well (or nearest address) **Falcon Crest Dr., Eagle Crest Resort**

(10) STATIC WATER LEVEL:
246 ft. below land surface. Date **3/16/2007**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **246**

From	To	Estimated Flow Rate	SWL
246	336	800+	246

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil	0	1	
Cobbles & Sand	1	19	
Gray Basalt	19	37	
Brown Basalt	37	51	
Brown Fractured Basalt	51	58	
Red Cinder Conglomerate	58	69	
Brown Fractured Basalt	69	88	
Yellow Sandstone	88	97	
Black Lava	97	119	
Black Sandstone	119	123	
Black Lava	123	155	
Yellow Sandstone	155	157	
Hard Black Lava	157	184	
Brown Basalt	184	212	
Black Sandstone	212	246	
Black Sandstone & Gravels WB	246	307	246
Brown Sandstone Conglomerate WB	307	336	246

Well completed at 334' after bottom 2' settled

WESTERN WATER DEVELOPMENT
 P.O. Box 1670
 Redmond, OR 97756

Date started **3/5/2007** Completed **3/16/2007**

(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 **3/20/2007**