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SECTION 3: WELL DEVELOPMENT, continued

AMENDED 8/14/2025

Total maximum rate requested: 0.05 CFS (each well will be evaluated at the maximum rate unless you indicate well-specific rates and annual volumes in the table below).

The table below must be completed for each source to be evaluated or the application will be returned. If this is an existing well, the information may be found on the applicable well log. *(If a well log is available, please submit it in addition to completing the table.)* If this is a proposed well, or well-modification, consider consulting with a licensed well driller, geologist, or certified water right examiner to obtain the necessary information.

										PROPOSED USE			
OWNER'S WELL NAME OR NO.	PROPOSED	EXISTING	WELL ID (WELL TAG) NO.* OR WELL LOG ID**	FLOWING ARTESIAN	CASING DIAMETER	CASING INTERVALS (IN FEET)	PERFORATED OR SCREENED INTERVALS (IN FEET)	SEAL INTERVALS (IN FEET)	MOST RECENT STATIC WATER LEVEL & DATE (IN FEET)	SOURCE AQUIFER***	TOTAL WELL DEPTH	WELL-SPECIFIC RATE (GPM)	ANNUAL VOLUME (ACRE-FEET)
WELL 2	☐	☒	YAMH 55658	☐	6"	+1 – 19'	140-180'	0-19'	150' 9/26/1979	CLAYSTONE/LIMESTONE	180'	22.44	18.1
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									

* Licensed drillers are required to attach a Department-supplied Well Tag, with a unique Well ID or Well Tag Number to all new or newly altered wells. Landowners can request a Well ID for existing wells that do not have one. The Well ID is intended to serve as a unique identification number for each well.

** A well log ID (e.g. MARI 1234) is assigned by the Department to each log in the agency's well log database. A separate well log is required for each subsequent alteration of the well.

*** Source aquifer examples: Troutdale Formation, gravel and sand, alluvium, basalt, bedrock, etc.

For Department Use: App. Number: _____

recovery plans, the Columbia River Basin Fish and Wildlife Program, and regional restoration programs applicable to threatened or endangered fish species, in coordination with state and federal agencies, as appropriate, whether the proposed use is detrimental to the protection or recovery of a threatened or endangered fish species and whether the use can be conditioned or mitigated to avoid the detriment.

If a permit is issued, it will likely contain conditions to ensure the water use complies with existing state and federal water quality standards; and water use measurement, recording and reporting required by the Water Resources Department. The application may be denied, or if appropriate, mitigation for impacts may be needed to obtain approval of the proposed use.

If yes, you will be required to provide the following information, if applicable.

☐ Yes ☒ No The proposed use is for more than **one** cubic foot per second (448.8 gpm) and is not subject to the requirements of OAR 690, Division 86 (Water Management and Conservation Plans).

If yes, provide a description of the measures to be taken to assure reasonably efficient water use:

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Statewide - OAR 690-033-0330 thru -0340

Is the well or proposed well located in an area where the Statewide rules apply?

☒ Yes ☐ No

If yes, and the proposed groundwater use is determined to have the potential for substantial interference with nearby surface waters you are notified that the Water Resources Department will determine whether the proposed use will occur in an area where endangered, threatened or sensitive fish species are located. If so, the Water Resources Department, Department of Fish and Wildlife, Department of Environmental Quality, and the Department of Agriculture will recommend conditions required to achieve "no loss of essential habitat of threatened and endangered (T&E) fish species," or "no net loss of essential habitat of sensitive (S) fish species." If conditions cannot be identified that meet the standards of no loss of essential T E fish habitat or no net loss of essential S fish habitat, the agencies will recommend denial of the application unless they conclude that the proposed use would not harm the species.

SECTION 5: WATER USE

AMENDED 8/14/2025

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
Irrigation	Apr. 1 – Sep. 30	18.1

For irrigation use only:

Please indicate the number of primary, supplemental and/or nursery acres to be irrigated (*must match map*).

Primary: 53.8 Acres Supplemental: Acres Nursery Use: Acres

If you listed supplemental acres, list the Permit or Certificate number of the underlying primary water right(s):

Indicate the maximum total number of acre-feet you expect to use in an irrigation season: 18.1 af

For Department Use: App. Number: _____

Describe planned actions and additional permits required for project implementation: No excavation or clearing necessary for this project.

☐ Other state and federal permits or contracts required and to be obtained, if a water right permit is granted:
List:

SECTION 9: WITHIN A DISTRICT

☐ Check here if the point of appropriation (POA) or place of use (POU) are located within or served by an irrigation or other water district.

Irrigation District Name	Address	
City	State	Zip

SECTION 10: REMARKS

AMENDED 8/14/2025

Use this space to clarify any information you have provided in the application *(attach additional sheets if necessary)*.

The entire property is proposed for the place of use; however, not all of it will likely be developed. The amount of water requested is much less than standard for this reason.

As of 8/14/2025, the application map was amended to remove areas that will most likely not be developed. This reduced the overall acreage to 53.8 acres. The low volume and rate of water will still be able to be used beneficially. If the permit is approved, permanent crops are planned (i.e. grapes, hazelnuts). Using a drip system and irrigating smaller blocks with a rotation, the less than standard water quantity is still beneficial to these crops.

For Department Use: App. Number: _____

YAMH 55658

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 101109

START CARD # 205685

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

(1) LAND OWNER Owner Well I.D.
First Name Phillip Last Name Eichler
Company
Address 19301 Brickwell Rd.
City McMinnville State Or Zip 97128

(2) TYPE OF WORK ☒ New Well ☐ Deepening ☐ Conversion ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD ☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud ☐ Reverse Rotary ☐ Other

(4) PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Community ☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection ☐ Thermal ☐ Other

(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)
Depth of Completed Well 180 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amount	Scks/lbs
11"	0	19	Bentonite	0	19	10	SAKS
6"	19	180					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other Bentonite (Poured Slowly)
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: ☐ Yes Type Amount

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		6"	+	1	19	.125	X			
	X	4"	-	3	180	160		X	X	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)
Temporary casing ☐ Yes Diameter From To

(7) PERFORATIONS/SCREENS
Perforations Method Electric Drill
Screens Type Material

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
X			X		140	180	5/16" Circles			200

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
40	Air Lift	180'	2 hr.

Temperature 54 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Yamhill Twp 5S N or S Range 4W E or W W.M.
Sec 21 SE 1/4 of the SE 1/4 Tax Lot
Tax Map Number 5421-1200 Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
Street Address of Well (or nearest address) 5569 Amity Rd. Amity Or. 97101

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	7/8/10			24ft

Flowing Artesian ☐ Yes Dry Hole? ☐ Yes
WATER BEARING ZONES Depth water was first found 32'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/8/10	32	34	3	24ft		24ft
7/8/10	75	78	7			24ft
7/8/10	161	163	30			24ft

(11) WELL LOG Ground Elevation 317'

Material	From	To
Topsoil	0	2
Basalt type flow		
Sticky Clay Brown + Red	2	6
Decomposed clayshale	6	10
Fine Grey Clayshale w/ limestone Fossils	10	180

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SALEM, OREGON

Date Started 7/7/10 Completed 7/8/10

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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.
License Number N.A. Date
Signed

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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.
License Number 755 Date 7/8/10
Signed Randall T. Wilcox
Contact Info. (optional)

ORIGINAL – WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK 10/16/2006