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

*Yamh
54636*

(WELL I.D.)# L 72500

(START CARD) # 188438

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

(1) OWNER: Well Number _____

Name Marsh Vineyards LLC
Address 11804 E Charter Oaks Circle
City Scottsdale State AZ Zip 09299

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	83	Bentonite	0	25	19 sacks
6	83	481	Cement	25	83	25 sacks
also see (12)						

How was seal placed: Method A B C D E
 Other bentonite poured & probed

Backfill placed from 392 ft. to 395 ft. Material slough
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
6	+8.5	64.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	1	392	ci200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method shisaw
 Screens

From	To	Slot size	Number	Diameter	Material	Casing	Liner
162	222	.2x8	240			<input type="checkbox"/>	<input checked="" type="checkbox"/>
332	372	.2x6	100			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gallons	Breakdown	Drill stem at	Time
15		395	1 hr.

Temperature of water ~55F 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 high TDS
Depth of strata: 441-481

(9) LOCATION OF WELL by legal description:

County Yamhill Latitude _____ Longitude _____
Township 3 S Range 3 W WM.
Section 18 SW 1/4 of NW 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 11415 Hendricks Rd
Carlton, OR

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____
Artesian pressure 10 lb. per square inch. Date 11/1/06

(11) WATER BEARING ZONES:

Depth at which water was first found 164

From	To	Estimated Flow Rate	SWL
164	188	5	
182	221	2.5	
330	382	7.5	
441	481	5	NM

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
See attached formation log.			
Lower borehole abandoned by pumping cement through grout pipe	481	395	

Date started 10/24/06 Completed 10/30/06

(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.

WWC Number 1987
Signed _____ Date 11/3/06

(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 648
Signed _____ Date 11/3/06

JAN 22 2007
WATER RESOURCES DEPT
SALEM, OREGON

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HEAD