

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

WELL I.D. # L 13911
 START CARD # 99691

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

(1) OWNER: Well Number 7
 Name King Estate Vineyard
 Address 80854 Territorial Rd.
 City Eugene State OR Zip 97405

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	59	Cement w/ 4% bentonite	0	59	15
6"	59	450				

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: 6"	+1	59	.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:

From	To	Slot size	Number	Diameter	Material	Tele. pipe size	Casing	Liner
(This section is crossed out with a diagonal line)								

(8) WELL TESTS: Minimum testing time is 1 hour
well output may fluctuate

Yield gal/min	Drawdown	Drill stem at	Time
37.5	428	450	1 hr.

Flowing Artesian
 Pump Bailer Air

Temperature of water 51° 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: _____

(9) LOCATION OF WELL by legal description:
 County Lane Latitude _____ Longitude _____
 Township 20 S N or S Range 5 W E or W. WM.
 Section 2 N 1/4 E 1/4 N 1/4 E 1/4
 Tax Lot 801 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 27607 Orchard Ln.
Locama, OR

(10) STATIC WATER LEVEL:
21.8 ft. below land surface. Date 9/4/98
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 142

From	To	Estimated Flow Rate	SWL
142		8	21.8
167		+ 2	21.8
249		+ 3	21.8
257		+ 2	21.8
361		+ 22.5	26.8

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Topsoil	0	2	
Soil, red	2	4	
Clay, H. brown	4	24	
Sandstone weathered	24	48	
Sandstone	48	450	21.8

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SEP 02 2008

WATER RESOURCES DEPT
 SALEM, OREGON

Date started 9/1/98 Completed 9/4/98
 (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.

WVC 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.

WVC Number 636
 Signed Paul Christensen, V.P. Pres Date 9/28/98