

2 STATE OF OREGON
WATER SUPPLY WELL REPORT

LANE 71177

WELL LABEL # L 106133
START CARD # 207221
ORIGINAL LOG # _____

(ORS 537.765 & OAR 690-205-0210)

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

(1) LANDOWNER Owner Well I.D. 2816
First Name DAN Last Name Smith
Company Sweet Cheeks Winery
Address 27001 Briggs Hill Rd
City Eugene State OR Zip 97405

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 40' ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
10"	0'	19'	Bentonite	0'	19'	11	Scks
6"	19'	40'					

How was seal placed: Method A B C D E
 Other Bentonite Placed @ 1 Sck. pp 5 min Rate
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng/Linr	Dia.	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X	6"		1'	19'	.250	X			
X	4"		0'	40'	.160		X		

Shoe Inside Outside Other Location of shoe(s) None
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Elect Saw
Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen slot width	Slot length	# of slots	Tele/ pipe size
X		X			20'	39'	14"	4"	35	

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

Yield gal/min 15gpm Drawdown _____ Drill stem/Pump depth 40' Duration (hr) 1 Hr.

Temperature 55 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS 136 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Lane Twp 18S N of S Range 05W E of W.M.
Sec 34 SE 1/4 of the SE 1/4 Tax Lot 512
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL(psi)	+	SWL (ft)
Completed Well	<u>7-11-11</u>			<u>Artesian</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 33'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>7-11-11</u>	<u>33'</u>	<u>34'</u>	<u>15gpm</u>			<u>0</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Topsoil</u>	<u>0</u>	<u>2</u>
<u>Between Sandy Clay</u>	<u>2</u>	<u>6</u>
<u>Gray Sandstone</u>	<u>6</u>	<u>40</u>

RECEIVED
JUL 25 2011
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 7-11-11 Completed 7-11-11

(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 _____ 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 251 Date 7-11-11

Signed Donald J. Joving
Contact Info. (optional)

Mid Valley Drilling Inc.
541-847-5470