

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

WELL LABEL # L 95433

START CARD # 197242

(1) LAND OWNER Owner Well I.D. _____

First Name Alfredo Last Name Apolloni
 Company Appolloni Winery
 Address 14135 NW Timmerman Rd.
 City Forest Grove State OR Zip 97116

(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
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 455 ft.

BORE HOLE			SEAL		sacks/		
Dia	From	To	Material	From	To	Amt	lbs
10	0	40	Cement	0	40	12	S
8	40	384	Cement	40	384	33	S
6	384	455					

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6		1	385	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

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

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrns/slot width	Slot length	# of slots	Tele/ pipe size

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
24		430	1
20		380	.2
12		280	.2

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

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County WASHINGTON Twp 2 N N/S Range 4 W E/W WM
 Sec 30 SE 1/4 of the SE 1/4 Tax Lot 1400
 Tax Map Number _____ Lot _____
 Lat _____ ° 0' _____ " or _____ DMS or DD
 Long _____ ° 0' _____ " or _____ DMS or DD
 Street address of well Nearest address
52605 NW Wilson School Rd

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	05-07-2008		165

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 110

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
02-29-2008	110	300	3		60
05-07-2008	420	455	24		165

(11) WELL LOG

Material	From	To	Ground Elevation
Red-brown clay with buck shot	0	15	
Gray-brown clay	15	20	
Gray silty clay/claystone occ. silty	20	110	
Gray siltstone occ. hard seams	110	146	
Blue-gray sandstone	146	147	
Gray siltstone occ. hard streaks	147	300	
Gray siltstone, harder, occ. sandstone	300	378	
Black fine grained sandstone	378	400	
Black siltstone, brittle	400	420	
Gray-black siltstone/sandstone/broken streaks	420	455	

RECEIVED

NOV 13 2008

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 02-28-2008 Completed 05-07-2008

(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 _____
 Password: (if filing electronically) _____
 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 573 Date 05-08-2008
 Password: (if filing electronically) _____
 Signed _____
 Contact Info (optional) _____