

RECEIVED

Well Id No. L14742

DEC - 4 1997

(START CARD) # 098120

Yamh 50892

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

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

SALEM, OREGON OF WELL by legal description:

(1) OWNER: Highland Vineyards, Well Number: 50892, Name: Highland Vineyards, Address: 17500 SW Oldsville Rd., City: McMinnville, State: OR, Zip: 97128

County: Yamh., Latitude: _____, Longitude: _____, Township: 5S, N or S Range: 5W, E or W. WM., Section: 17, SW 1/4 NW 1/4, Tax Lot: 5517, Lot: 02700, Block: _____, Subdivision: _____, Street Address of Well (or nearest address): 5W Vineyard Lane, McMinnville, OR 97128 off Muddy Valley Rd.

(2) TYPE OF WORK: [X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD: [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Other

(4) PROPOSED USE: [X] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No, Depth of Completed Well: 260 ft., Explosives used [] Yes [X] No, Type: _____, Amount: _____

(10) STATIC WATER LEVEL: 91 ft. below land surface, Date: Nov 4 97, Artesian pressure: _____ lb. per square inch, Date: _____

(11) WATER BEARING ZONES: Depth at which water was first found: 91 1/2 G.P.M.

Table with columns: From, To, Estimated Flow Rate, SWL. Data: 97 to 98, 240 to 250, 1/2 G.P.M., 2 1/2 G.P.M.

(12) WELL LOG: Ground Elevation: _____

Well log table with columns: Material, From, To, SWL. Entries: Top soil (0-2), Bacterium clay (2-9), Medium hard blue basalt with fractured layers (9-260).

Date started: Oct 30 97, Completed: Nov 4, 97

(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.

Signed: Not Appl., WWC Number: _____, 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.

Signed: Randall J. Wiley, WWC Number: 1795, Date: Nov 20, 97

(7) PERFORATIONS/SCREENS: [X] Perforations Method: Electric drill, [] Screens Type: 1/2" circulation, Material: _____

Table for perforations/screens with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Data: 180 to 260, 160, 5/8" circulation, [] Casing, [X] Liner.

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

Table for well tests with columns: Yield gal/min, Drawdown, Drill stem at, Time. Data: 22, Air Lift, 260, 1 hr.; 22, Pump set, 248, 4 hours.

Temperature of water: 52°, 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: _____