

RECEIVED
FEB 28 2003
WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER: Well No. 2187
Name STOLLER VINEYARDS
Address 15909 NE MCDUGALL RD
City DAYTON St OR Zip 97114

(9) LOCATION OF WELL by legal description:
County YAMHILL Lat. ' " Long. ' ' "
Township 4 S Range 3 W WM.
Section 8 SE 1/4 NE 1/4
Tax Lot 100 Lot Block Subdivision
Street Address of Well (or nearest Address)
15909 NE MCDUGALL RD DAYTON, OR

(2) TYPE OF WORK: NEW WELL

(3) DRILL METHOD: ROTARY AIR

(4) PROPOSED USE: FARM

(10) STATIC WATER LEVEL:
62 ft. below land surface. Date 02/05/03
Artesian pressure _____ lb per square in. Date _____

(5) BORE HOLE CONSTRUCTION:
Special Construction Approval NO Depth of Compl. Well 264 ft
Explosives used NO Type _____ Amount _____
HOLE SEAL
Diam. From To Material From To Amount
10 0 80 BENTONITE CHIP 0 39 26 SAX
8 80 260 CEMENT W/GEL 39 80 12 SAX
6 260 264

(11) WATER BEARING ZONES:
Depth at which water was first found 169
From To Est Flow Rate SWL
169 259 60 62

Seal placement method C AND POURED
Backfill: from _____ ft to _____ ft Material _____
Gravel: from _____ ft to _____ ft Size _____

(12) WELL LOG:
Material Ground elevation From To SWL
TOP SOIL 0 6
CLAY, RED 6 29
CLAY, BROWN 29 34
SANDSTONE BROWN, STEWED W/BASALT, DECAVED 34 71
BASALT, MEDIUM GRAY 71 169
BASALT, VESICULAR DECAY AND MEDIUM GRAY 169 259 62
CLAY, GRAY MARINE 259 264

(6) CASING/LINER:
Diam. From To Gauge Material Connection
Casing 6 +2 260 .25 STEEL WELDED
Liner _____
Final Location of shoe(s) 6X10 TRAP @ 80'

DAVE PAYSINGER, BLUE WATER DRILLING CO.
(503) 868-7878
Date started 01/31/03 Completed 02/05/03

(7) PERFORATIONS/SCREENS:
[X] Perf. Method DH PERFORATOR
[_] Screens Type _____ Material _____
Slot Tele/pipe
From To Size Number Diam. Size Casing/liner
240 255 .2X1" 198 _____ CASING

(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 my best knowledge and belief.
Signed _____ WWC Number _____
Date _____

(8) WELL TESTS: Minimum testing time is 1 hour
Test type AIR
Yield GPM Draw-down Drill stem at Time
60 _____ 255 1 hr.
60 _____ 235 1

(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 *David P. Paysinger* WWC Number 1438
Date 02/05/03

Temperature of water 53F Depth Artesian Flow Found _____
Was water analysis done? YES By whom BWD
Reason for water not suitable for use _____
Depth of strata _____