

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

WELL LABEL # L 82411
START CARD # 184286

(1) LAND OWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company Black Family Vineyards LLC, Estates at Dundee Spg.
Address 4350 La Jolla Village Dr. 7th Floor
City San Diego State CA Zip 92122

(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 640 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
18	0	100	Cement	0	100	46 S
13	100	575	Cement	0	575	141 S
10	575	640				

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"/>	14		0	100	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10		2	574	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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	Scrn/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)
225	227		1 hr.

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 YAMHILL Twp 3 S N/S Range 3 W E/W WM
Sec 25 NE 1/4 of the NW 1/4 Tax Lot 700
Tax Map Number _____ Lot _____
Lat _____ ° 0' _____ " or _____ DMS or DD
Long _____ ° 0' _____ " or _____ DMS or DD
 Street address of well Nearest address
9675 Fox Farm Rd., Dundee, OR

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	04-27-2006		128

Flowing Artesian?

WATER BEARING ZONES Depth water was first found 160

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
04-04-2006	160	480	50		93
04-06-2006	480	575	50		108
04-27-2006	590	635	200		128

(11) WELL LOG Ground Elevation _____

Material	From	To
Brown, red-brown clay, occ. rock fragments	0	28
Brown basalt, very weathered	28	60
Gray-brown basalt, occ. weathered, brown streaks	60	80
Gray-brown basalt, occ. brown interbeds, soapstone	80	420
Gray-black, gray-brown basalt	420	480
Black basalt, fractures	480	495
Brown basalt interbeds, lava streaks	495	565
Brown & black basalt occ. broken	565	590
Gray-black basalt, occ. gray-brown	590	622
Gray-brown, gray-black basalt, interbeds	622	635
Blue-gray claystone	635	640

RECEIVED
JUN 13 2006
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 03-23-2006 Completed 05-31-2006

(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 05-31-2006
Password : (if filing electronically) _____
Signed [Signature]
Contact Info (optional) _____