

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

WELL I.D. # L 60706
START CARD # 189917

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

(1) LAND OWNER Name Michelback Estates Well Number 2
Address 1301 N.W. Michelback Lane
City McMinnville, OR State OR Zip 97128

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

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

(4) PROPOSED USE Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 115 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
14 1/2"	0	44	Bentrite	0	20	345 lbs.
14 1/2"	44	49	Cement	44	49	10 Sacks

How was seal placed: Method A B C D E
 Other Bentrite was placed for 20 ft. Cement
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 20 ft. to 44 ft. Size of gravel 3/8" pea gravel

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	TK	49	2.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2"	3	115	16 gage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS Perforations Method 5k 11 srm.
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe	Casing	Liner
4 1/2" PVC	115	1/4" x 12"	6 Rows	1 1/2" perforation		<input type="checkbox"/>	<input checked="" type="checkbox"/>
8" Steel	21	1/4" x 12"	9 Rows	99 mesh		<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>40</u>		<u>115</u>	<u>4 hours</u>

Temperature of water 53° 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: _____

(9) LOCATION OF WELL (legal description)
County Yamhill
Tax Lot 44M Lot 1400
Township 45 N or S Range 4W E or W WM
Section 17 SE 1/4 NW 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)
Street Address of Well (or nearest address) Same as #1
1301 N.W. Michelback Lane

(10) STATIC WATER LEVEL
15 ft. below land surface. Date Oct 10 2006
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

From	To	Estimated Flow Rate	SWL
32	42	25 GPM	15
81	85	15 GPM	

(12) WELL LOG

Material	From	To	SWL
Person	0	3	
Orange yellow clay	3	13	
Reddish clay	13	32	
Soft blue claystone	32	42	
Hard blue claystone with vertical layers	42	115	15

RECEIVED

OCT 13 2006

WATER RESOURCES DEPT
SALEM, OREGON

Date Started Oct 9 06 Completed Oct 10 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.

WWC 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.

WWC Number 265 Date Oct 10 2006

Signed Jamie R. Williams