

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 60730
START CARD # 192248

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

(1) OWNER: Michelbeck Estates Well Number 4
Name Michelbeck Estates
Address 1301 N.W. Michelbeck Ln.
City McMinnville, OR State OR Zip 97128

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 152 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
14"	0	23	Bentonite	0	23	48 Sacks
14"	23	59	Cement	54	59	13 Sacks
8"	59	152				

How was seal placed: Method A B C D E
 Other Cement/Pump, Bentonite placed top
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 23 ft. to 53 ft. Size of gravel 3/8"

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	+1	59	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2"	4	152	160	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Electric Drill
 Screens Casing Oxy/Traylor Material _____

From	To	Slot size	Number	Spacings	Tele/pipe size	Outside	Liner
34	53		81	10" x 12" slots	4 1/2"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				10 Rows		<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
43		152	51 hr.

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 by legal description:
County Yamhill Latitude _____ Longitude _____
Township 4S N or S Range 4W E or W. WM. _____
Section 17 NW 1/4 SW 1/4
Tax Lot 4417 Lot 1400 Block _____ Subdivision _____
Street Address of Well (or nearest address) 1301 N.W. Michelbeck Ln.
McMinnville, OR 97128

(10) STATIC WATER LEVEL:
7 ft. below land surface. Date May 18 2007
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 34 ft.

From	To	Estimated Flow Rate	SWL
34	49	256 p.m.	7
85	95	186 p.m.	7

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	3	
Braker clay	3	17	
Blue clay	17	34	
Washed Blue claystone, fine	34	53	
Fine Blue clay			
Claystone with unstable layers	53	152	7

Date started May 16 2007 Completed May 18 2007
(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 _____ 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 James Wilson WWC Number 165 Date May 15 2007