

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

WELL I.D. # L 60706
START CARD # 192267
original start card 189917

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

(1) LAND OWNER Well Number 2
Name Michelback Estates
Address 1361 N.W. Michelback Trce.
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 160 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
8"	115	160				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4 1/2"	5	160	160 PSI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS Method Electronic drill

Perforations Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe	Casing	Liner
100	160		200	5/8" #2		<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Gravel in drilled holes

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

Yield gal/min	Drawdown	Drill stem at	Time
15	Pump set	160	1 hr
15		146 ft	

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 4417 Lot 1400
Township 4S 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) 1361 N.W. Michelback Trce, McMinnville, OR 97128

(10) STATIC WATER LEVEL
15 ft. below land surface. Date July 9, 2007
15 ft * Below Deepening Date July 5, 2007
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found None.

From	To	Estimated Flow Rate	SWL
<u>* No water encountered when deepening.</u>			<u>15</u>

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
<u>Deepened Well</u> <u>1/2" gray sandstone</u>	<u>115</u>	<u>160</u>	<u>15</u>

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JUL 24 2007 SEP 24 2007
WATER RESOURCES DEPT SALEM, OREGON WATER RESOURCES DEPT SALEM, OREGON

Date Started July 5, 2007 Completed July 9, 2007

(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 765 Date July 20, 2007
Signed James M. Wiley