

WELL I.D. LABEL# L	131562
START CARD #	1041952
ORIGINAL LOG #	

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

(1) LAND OWNER

Owner Well I.D. 1
 First Name Jim Last Name Bernau
 Company Willamette Valley Vinyards
 Address 8800 Enchanted Way SE
 City Turner State OR Zip 97392

(2) TYPE OF WORK

New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seal	Material	From	To	Amt	sacks/lbs			

(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 320 ft.

BORE HOLE			SEAL			sacks/lbs
Dia	From	To	Material	From	To	Amt
14	0	39	Bentonite Chips	0	39	30
10	39	320				Calculated 28
						Calculated

How was seal placed: Method A B C D E
 Other Poured and Probed

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount	Pounds	Actual Amount	Pounds

(6) CASING/LINER

Casing	Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	1	39	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4.5	1	320	sch40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 39

Temp casing Yes Dia 10 From 0 To 10

(7) PERFORATIONS/SCREENS

Perforations Method SAW CUT

Perf/Screen	Casing/Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
Perf	Liner	4.5	140	300	.125	6.5	250	

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
50		300	1

Temperature 56 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 136

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County YAMHILL Twp 4 S N/S Range 3 E E/W WM
 Sec 3 1/4 of the _____ 1/4 Tax Lot 1300
 Tax Map Number _____ Lot _____
 Lat _____ " or 45.251 DMS or DD
 Long _____ " or -123.042 DMS or DD
 Street address of well Nearest address

19305 HWY 99W Dundee OR, 97115

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	02-10-2019		150

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 280

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
02-17-2019	280	300	50		150

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil	0	2
Clay red and Tan firm and sticky	2	23
Sandstone Brown firm	23	27
Sand stone Grey firm	27	240
Sandstone Grey firm W/thin fractured seams	240	270
Sandstone Grey fractured and broken	270	310
Basalt dark grey firm X-hard	310	320

NOTE: GPM testing was done with air and 5-Gal
 Bucket water was surging and gpm test were ranging
 from 45 to 71 GPM pump test is needed to be more
 accurate!!!!

ALL SEASONS
 Well Drilling & Pump Service
 P.O. Box 21656
 Keizer, OR 97307

RECEIVED
 MAY 30 2019
 OWRD

Date Started 02-02-2019 Completed 02-23-2019

(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 1725 Date 03-01-2019

Signed [Signature]

(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 1725 Date 03-01-2019

Signed [Signature]

Contact Info (optional) _____