

STATE OF OREGON
WATER SUPPLY WELL REPORT

YAMH 59966

WELL I.D. LABEL# L

159025

START CARD #

1083401

ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

9/16/2026

(1) LAND OWNER

Owner Well I.D. 26-32

First Name _____ Last Name _____
 Company MCCOLLUM FAMILY VINEYARD
 Address 11501 NW MCBRIDE CEMETERY RD
 City CARLTON State OR Zip 97111

(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
 Material From To Amt sacks/lbs
 Seal: _____

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE☐ Domestic ☐ Irrigation ☐ Community☒ Industrial/ Commercial ☐ Livestock ☐ Dewatering☐ Thermal ☐ Injection ☒ Other WINE TASTING**(5) BORE HOLE CONSTRUCTION**Special Standard ☐ (Attach copy)

Depth of Completed Well 265.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
10	0	59	Bentonite Chips	0	59	26	S
6	59	265			Calculated	26.93	
					Calculated		

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: BENT POURED-PROBE

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

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

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 9/14/2026 Begin Time 14 30

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

C/L	Dia	+ From To Gauge	Mat. Type	Wld	Thrd	Shoe	Shoe Location
C	6	☒ 1.6 59 0.250	ST	☒		OUT.	59
L	4.5	☐ 25 265 Sch40	PL		☒		

Temp casing ☒ Yes Dia 10 From + ☐ 0 To 7**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type slotted Material PVC

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Screen	Liner	4.5	65	85	.032			Pipe Size
Screen	Liner	4.5	125	145	.032			Pipe Size
Screen	Liner	4.5	245	265	.032			Pipe Size

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	9		162	1

Temperature 54 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 113 ppm

From To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County YAMHILL Twp 3.00 S N/S Range 4.00 W E/W WM

Sec 19 SE 1/4 of the NE 1/4 Tax Lot 100

Tax Map Number _____ Lot _____

Lat _____ " or 45.29780700 DMS or DD

Long _____ " or -123.22183600 DMS or DD

☒ Street address of well ☐ Nearest address

11501 NW MCBRIDE CEMETERY RD, CARLTON, OR 97111

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	9/14/2026			25
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 71.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9/10/2026	71	82	6			25
9/11/2026	129	154	3			25

(11) WELL LOG

Ground Elevation 279.45 FT

Material	From	To
dirt/rock/clay	0	14
shale gray firm w/occ hrd lense	14	40
shale gray w/intermittent hrd sandstone	40	71
sandstone gray med hrd to hrd	71	94
shale gray firm	94	105
siltstone gray med-hrd	105	110
shale/sandstone conglomerate	110	115
sandstone light gray med-hrd	115	126
sandstone gray hrd	126	129
marine rock blk/gray	129	140
marine rock light gray med w/occ blue	140	154
shale gray firm w/occ siltstone lense	154	172
siltstone gray/white hrd	172	176
siltstone gray hrd	176	180
marine rock med-hrd gray	180	192
sandstone gray med-hrd	192	265

Construction

Begin Date 9/10/2026 Begin Time 10 00 End Date 9/14/2026

(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 2111 Date 9/15/2026

Signed RAY CONNOR (E-filed)

(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 1483 Date 9/16/2026

Signed JOHN STADELI (E-filed)

Drilling Company: Arrow Drilling 503-538-4422

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

New exempt use wells must be submitted with a map and recording fee.

Comments/Remarks

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

YAMH 59966

9/16/2026

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 45.29780700 Datum: WGS84

Longitude: -123.22183600

Township/Range/Section/Quarter-Quarter Section:
WM3.00S4.00W19SENE

Address of Well:

11501 NW MCBRIDE CEMETERY RD, CARLTON, OR 97111

Well Label: 159025

Printed: September 16, 2026

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

