

CLAIM OF BENEFICIAL USE for Ground Water Permits claiming 0.1 cfs or less



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

**A fee of \$230 must accompany this form for permits
with priority dates of July 9, 1987, or later.**

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. Begin each new claim by checking for a new version of this form at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

If you have questions regarding the completion of this form, please call 503-979-9103.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month.

For more information on this program see

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

(See Certificate Resources)

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SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION # G-17517	PERMIT # (IF APPLICABLE) G-16985	PERMIT AMENDMENT # (IF APPLICABLE)
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Hidden Meadows Water Association		PHONE NO. 971.263.3347 Gordon Graaff		ADDITIONAL CONTACT NO.
ADDRESS PO Box 874				
CITY Newberg	STATE OR	ZIP 97132	E-MAIL Gordon Graaff g2bjg@comcast.net	

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. ***Each permit holder of record must sign this form.***

3. Permit holder of record (this may, or may not, be the current property owner):

PERMIT HOLDER OF RECORD Hidden Meadows Water Association		
ADDRESS PO Box 874		
CITY Newberg	STATE Oregon	ZIP 97132

ADDITIONAL PERMIT HOLDER OF RECORD NONE		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

September 13, 2022

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5. Person(s) interviewed and description of their association with the project:

NAME	DATE	ASSOCIATION WITH THE PROJECT
Gordon Graaff	September 13, 2022	Hidden Meadows Water Association
Tom Cohrs	September 13, 2022	Owner Tax Lot 101
Tomina Carter	September 13, 2022	Owner Tax Lot 102

6. County:

Yamhill

7. If any property described in the place of use of the permit final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

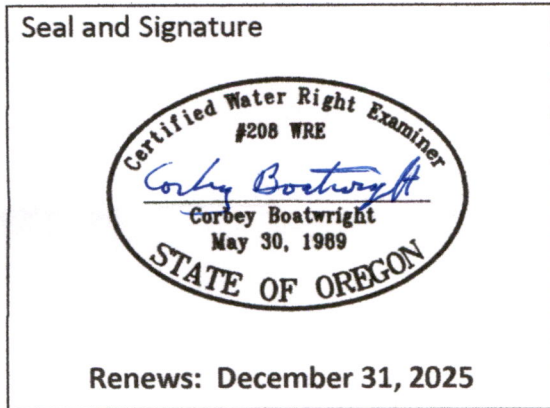
OWNER OF RECORD Matthew W. Cooper			Tax Lot 3.2.30B-100
ADDRESS 24730 NE Dayton Avenue			
CITY Newberg	STATE Oregon	ZIP 97132	

Add additional tables for owners of record as needed

**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.

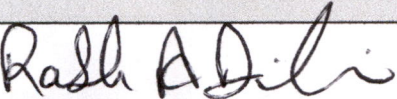


CWRE NAME Corbey Boatwright	PHONE NO. 503.363.9225	ADDITIONAL CONTACT NO.	
ADDRESS Boatwright Engineering, Inc. 2613 12th Street SE			
CITY Salem	STATE OREGON	ZIP 97302	E-MAIL corbey@boatwrightengr.com

Permit Holder's of Record Signature or Acknowledgement

Each permit holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Ralph Diiorio	President, Hidden Meadows Water Association	6/20/24

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SECTION 3
CLAIM DESCRIPTION

1. Point(s) of Appropriation (POA):

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well	YAMH 2757	L-75333
	YAMH 54037	

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. Developed use(s), period of use, and rate for each use:

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well	DO	----	Year-Round	0.01
	IR	Domestic Landscape	Mar 1-Oct 31	0.02
Total Quantity of Water Used				0.03

3. Provide a general narrative description of the distribution works. This description must trace the water system from **each** point of appropriation to the place of use:

The source of water is a groundwater well. The well is equipped with two submersible turbine pumps (2 Hp and 5 Hp) connected in series. The well pumps directly into three 4000 gallon in-ground concrete storage reservoirs which are buried adjacent to each other and interconnected. The top of each tank is level with the existing ground. Three submersible turbine booster pumps (3 Hp, 1½ Hp, and 5 Hp) then pump from the reservoirs into two 86-gallon pressure tanks which provide immediate system storage and pressure. There is a building over one of the buried reservoirs to house the above ground water system piping, pressure tanks and electrical equipment. An electronic water meter is used to measure well flow with the LED readout located on the wall in the chemical feed room. From there water is distributed to the different lots through a 3-inch PVC line. The water flows through a 3/4- inch line to individual meters for each lot. The sprinkler control systems are in the garages of the two lots receiving irrigation rights. Tax Lot 101 has 15 irrigation zones, and Tax Lot 102 has 10 zones. Both owners were unable to provide very much information about their system. TL 200 receives irrigation water under an earlier Association water right, Permit G-12730. This right provides only the domestic use.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

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4. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. **YES**

(e.g. "The permit allowed three points of diversion. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

- A) The permit authorized domestic use for 5 households. Domestic use was developed on Tax Lots 101, 102, and 200.**
No domestic use was developed to the two households (one existing, one proposed future) on Tax Lot 100.
- B) The permit authorized irrigation at a rate of 0.04 cfs. The rate developed was 0.02 cfs.**
- C) The permit authorized irrigation of 3.1 acres on Tax Lots 100, 101, and 102. 1.9 acres of irrigation were developed on Tax Lots 101 and 102. No irrigation was developed on Tax Lot 100.**

5. Claim Summary:

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED	# OF HOUSEHOLDS ALLOWED	# OF HOUSEHOLDS DEVELOPED
Well	0.01 cfs	.01	0.19 cfs*	DO	----	----	5	3
	0.04 cfs	.02	0.19 cfs*	IR	3.1	1.9	----	----
	Total 0.05 (22.44 gpm)	* The amount of flow measured at the time of my visit was at the well meter. This well provides water for 3 permits. Water was not measured at the individual service meters.						

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SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

NO

If "YES" you will need to copy and complete a separate Section 4 for each POA.

POA Name or Number this section describes (only needed if there is more than one):

Well

A. Place of Use

Attach Claim of Beneficial Use map.

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Gov Lot), Quarter-Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Gov Lot, and QQ.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

2. Describe the access port (type and location) or other means to measure the water level in the well:

Threaded Plug in Well Seal (Schuette) or Air Vent (March Reports) , 1/2", on the north side of well

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See Attached Well Logs: YAMH 2757 & YAMH 54037						

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

NONE

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)?

NO

D. Appropriation and Delivery System Information

Provide the following information concerning the appropriation and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES

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2. Pump Information:

PUMP	MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
#1	Berkeley	35LD20412	2823018310	Submersible Turbine
#2	Berkeley	70L05	Unknown	Submersible Turbine

Booster Pump Information:

PUMP	MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
#1	Berkeley	Unknown	Unknown	Submersible Turbine
#2	Berkeley	25LE20412	2823008110	Submersible Turbine
#3	Berkeley	70L05412	2821139310	Submersible Turbine

3. Theoretical Pump Capacity:

PUMP	HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
#1 Franklin	2	0	150	0	0.33 cfs
#2 Franklin	5				147.5 gpm

Theoretical Booster Pump Capacity:

PUMP	HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
#1 Franklin	3 VFD	55	6	0	0.46 cfs 206 gpm
#2 Franklin	1-1/2				
#3 Franklin	5				

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4. Provide pump calculations:

Well pumps 5HP & 2 HP in series produces 7HP
Pumping into storage tank next to well

$$Q \text{ Pump} = \frac{(7)(7.04)}{(150)+0(2.54)} = \frac{49.28}{150} = 0.33 \text{ cfs or } 147.5 \text{ gpm}$$

Booster pump to system oversized for other water rights Application G-13589, Permit G-12730
Pumps in parallel, depending on demand

#1 pump only

$$Q \text{ Pump} = \frac{(3)(7.04)}{(6)+55(2.54)} = \frac{21.12}{145.7} = 0.145 \text{ cfs or } 65 \text{ gpm}$$

#2 pump only

$$Q \text{ Pump} = \frac{(1.5)(7.04)}{(6)+55(2.54)} = \frac{10.56}{145.7} = 0.072 \text{ cfs or } 32.5 \text{ gpm}$$

#3 pump only

$$Q \text{ Pump} = \frac{(5)(7.04)}{(6)+55(2.54)} = \frac{35.2}{145.7} = 0.242 \text{ cfs or } 108.4 \text{ gpm}$$

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The system now runs, predominantly, on pump #1. If all the booster pumps are running, neglecting additional line loss caused by the extra head pressure, the rate is as follows:

$$\#1+\#2+\#3 = .15+.07 + .24 = 0.46 \text{ cfs or } 206 \text{ gpm}$$

Note: This well provides water for 2 additional water right permits held by this permit holder - G-12730 (20 households & IR for 30.0 acres) & Certificate 90542 (13 Households & IR for 20.0 acres)

5. Measured Pump Capacity (using meter if meter was present and system was operating):

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
60,420,396.5	60,420,878.0	5 min 40 sec	0.19 cfs (84.97gpm)

Reminder: For pump calculations use the reference information at the end of this document.

6. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Various hand attached devices to hose bibs, spray nozzle, oscillating sprinkler, rainbird 3/16					
Hunter MP 1000	55	0.51	51±	9	4.59 gpm
RainBird 1800	45	0.1	88±	6	0.6 gpm

Reminder: For sprinkler output determination use the reference information at the end of this document.

7. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
¼" Blue striped	30 psi	.8 gph	2,000	506	6.75 gpm*
* Max flow = 0.02 cfs					

8. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
NA					

E. Storage

1. Does the distribution system include in-system storage (i.e. storage tank, bulge in system / reservoir)?

YES

If "YES" is it a:

Storage Tank

YES

Bulge in System / Reservoir

NO

2. Storage Tank:

TANK	MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
1	Concrete	4000	Below Ground
2	Concrete	4000	Below Ground
3	Concrete	4000	Below Ground

F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

NO

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

NO

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H. Additional notes or comments related to the system:

A 3-inch transmission line from the well provides distribution through the system and to the individual service meters via the street network. Pipe was not located.

Service Meter Data - 2022				
Domestic Usage		Jan - 31 days	Feb - 28 days	Mar - 31 days
Tax Lot				
101	gal/mo	4039	8078	8153
102	gal/mo	3890	15409	11444
Total	gal/mo	7929	23487	19597
Total	gal/day avg	255.8	838.8	632.2
Season Average	gpm	0.40		
Season Average	cfs	0.0009		
Domestic & Irrigation Usage		Jul - 31 days	Aug - 31 days	Sep - 30 days
Tax Lot				
101	gal/mo	54080	72032	113098
102	gal/mo	48994	47199	65375
Total	gal/mo	103074	119231	178473
Total	gal/day avg	3325.0	3846.2	5949.1
Season Average	gpm	3.03		
Season Average	cfs	0.0068		
TL 101 + 102: 0.4 gpm avg domestic use				
TL 101 + 102: $3.03 - 0.4 = 2.63$ gpm avg irrigation use				
TL 200: 0.09 gpm avg domestic use				
Summary	Average	1.6x Peaking Factor WaterCAD Book		Claim
Domestic Usage TLs 101, 102, 200	0.0011 cfs	0.0017 cfs		0.01 cfs
Irrigation Usage TL 101, 102	0.0059 cfs	0.0094 cfs		0.01 cfs See below
Max Drip Irrigation Calculated Rate	Per Pg. 9, Section 4, Item 7. 6.75 gpm = 0.015 cfs			0.02 cfs

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SECTION 5 CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and any extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	Feb 7, 2013		
BEGIN CONSTRUCTION (A)	None		
COMPLETE CONSTRUCTION (B)	Pmt 2-7-18 TE 10-1-21	10- 1-2017	Well constructed, delivery system in place.
COMPLETE APPLICATION OF WATER (C)	Pmt 2-7-18 TE 10-1-21	10-1-2021	Water used as authorized within allowed locations in compliance with all permit conditions.

* MUST BE WITHIN PERIOD BETWEEN PERMIT OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)?

YES

a. Did the Extension Final Order require the submittal of Progress Reports?

NO

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement?

YES, but NO new well constructed

b. What month was the initial measurement to be taken in?

Initial March measurement was taken under prior permitted use (G-12730) from this well.

c. Was the measurement submitted to the Department?

YES

d. If the initial measurement was not submitted, provide that measurement now, if available:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

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4. Annual Static Water Level Measurements:

- a. Was the water user required to submit annual static water level measurements? **YES**
- b. Provide the month, or months, in which the static water level measurement(s) were to be made:

March
- c. Were the static water level measurements taken in the month(s) required? **YES**
- d. If "YES", were those measurements submitted to the Department? **YES**
- e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

5. Pump Test:

- a. Is a pump test required? **YES**

Ground water permits with priority dates on or after December 20, 1988, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

- b. Has the pump test been previously submitted to the Department? **YES**

Pump test submitted for this same well for Permit G-12730

- c. Is the pump test attached to this claim? **NO**

- d. Has the pump test been approved by the Department? **YES**

Reviewed and approved 4-3-2001 for permit G-12730

- e. Has a pump test exemption been approved by the Department? **NO**

****The Claim will not be reviewed until a pump test or exemption has been approved by the Department.**

6. Measurement Conditions:

- a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? **YES**

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of appropriation.

- b. Has a meter been installed? **YES**

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c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	McCrometer	UM20190372	Working	60,420,878.0	2019

The original meter, SEA Electronics, serial # 01-01055-3, was replaced.

7. Recording and reporting conditions:

- a. Is the water user required to report the water use to the Department? **YES**
- b. Have the reports been submitted? **YES**

If the reports have not been submitted, attach a copy of the reports if available.

8. Other conditions required by permit, permit amendment final order, or extension final order:

- a. Were there special well construction standards? **NO**
- b. Was submittal of a ground water monitoring plan required? **NO**
- c. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

WELL ID #	DATE ATTACHED TO WELL
L-75333	March 2005

- d. Other conditions? **NO**

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

SECTION 6 ATTACHMENTS

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use	Map (2 pages)
YAMH 2757	Original Well Log
YAMH 54037	Alteration Well Log

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SECTION 7

CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

Places of use were established using Yamhill County Survey Records su306, for Hidden Meadows subdivision plat, and Partition Plat 2010-12. The source well is the same as that for Permits G-12730 and G-15903.

Map Checklist

Please be sure that the map you submit includes ALL the items listed below.

(Reminder: Incomplete maps and/or claims may be returned.)

- Map on polyester film.
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation.
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend

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

RECEIVED 54037
 MAR 09 2005

WELL ID. # L 75333
 START CARD # 172747

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

(1) LAND OWNER Well Number _____
 Name HIDDEN MEADOWS WATER ASSOC. C/O MICHAEL
 Address PO BOX 874 City GAUMER
 City NEWBERG State OR Zip 97132

(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 240 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
15	0	24	Cem/Bent	0	24	7 sks w/gel
12	24	175	Cem/Bent	0	175	54 sks w/gel
8	175	240				

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 _____

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	0	25	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	+2	175	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<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
100		240	1 hour
75-80		170	" "

Temperature of water 54°F 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 100 Lot _____
 Township 3S N or S Range 2W E or W WM
 Section 30 NE 1/4 NW 1/4
 Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address)
Glenn Hollow Drive, Newberg, OR

(10) STATIC WATER LEVEL
81 ft. below land surface. Date 02/21/2005
81 ft. below land surface. Date 03/02/2005
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found Existing well

From	To	Estimated Flow Rate	SWL
190	?	100 gpm	81

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Original owner: NSD DEVELOPMENT			
Start Card #44144, Permit G-18589			
Existing 8" steel cased	+2	240	81
Over drill existing 8" casing			
	0	38	
Removed existing 8" casing			
Upper bore hole casing	18	22	9'
Install 12" Casing in			
15" bore (Driven in place & grouted)	0	24	
7 sks			
12" bore hole, basalt	24	175	
Install 8" casing	+2	175	
(grouted in place)			
54 sks			
Clean out 8" well bore			
to bottom	175	240	81

Date Started 02/21/2005 Completed 03/02/2005

(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 573 Date 03/04/2005
 Signed _____

Received by OWRD
 JUN 25 2024

Salem, OR

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

AMENDED WELL LOG

WELL I.D. # L 75333

START CARD #172747

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

(1) LAND OWNER Well Number
Name MARTIN & MINA BERMJUM
Address 24730 DAYTON AVENUE
City NEWBERG, OR 97132

(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 240 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
15	0	24	Cem/Bent	0	24	7 sks w/gel
12	24	175	Cem/Bent	0	175	54 sks w/gel
8	175	240				

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 _____

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	0	25	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	+2	175	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<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
100		240	1 hour
75-80		170	" "

Temperature of water 54°F Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____

Did any strata contain water not suitable for intended use?
 Salty Muddy Odor Colored

Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County YAMHILL
Tax Lot 100 Lot _____
Township 3S N or S Range 2W E or W WM
Section 30 NE 1/4 NW 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) HIDDEN MEADOWS DRIVE & DAYTON AVENUE, Newberg, OR 97132

(10) STATIC WATER LEVEL
81 ft. below land surface. Date 02/21/2005
81 ft. below land surface. Date 03/02/2005
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found Existing well

From	To	Estimated Flow Rate	SWL
190	?	100 gpm	81

(12) WELL LOG

Material	From	To	SWL
Original owner: NSD DEVELOPMENT			
Start Card #44144, Permit G-13589			
Existing 8" steel cased	+2	240	81
Over drill existing 8" casing			
casing	0	38	
Removed existing 8" casing			
Upper bore hole casing	18	22	9'
Install 12" Casing in			
15" bore (Driven in place & grouted) 7 sks	0	24	
12" bore hole, basalt	24	175	
Install 8" casing	+2	175	
(grouted in place) 54 sks			
Clean out 8" well bore			
to bottom	175	240	81

Date Started 02/21/2005 Completed 03/02/2005

(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.
Received by OWRD

WWC Number _____ Date _____
Signed _____ JUN 25 2024

(bonded) Water Well Constructor Certification Salem, OR
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 573 Date 03/04/2005
Signed _____

RECEIVED
MAR 21 2005



Received by OWRD

JUN 25 2024

Salem, OR

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Hidden Meadows Water Association
PO Box 874, Newberg OR 97132

Transaction Type: Claim

Fees Received: \$ 230.00

Cash

Check:

Check No. 1018

Name(s) on Check: Same as above

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,

OWRD Customer Service Staff

Submission received by: Corie Luvrien

(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in the top drawer of filing cabinet.