

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 MARTIN & MINA BERMULM Well Number _____
Name MARTIN & MINA BERMULM
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			
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? No little
 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 Ground Elevation _____

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	0	38	
Removed existing 8" casing			
Upper bore hole caving	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.
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 _____

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MAR 21 2005

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

MAR 09 2005

WELL I.D. # L 75333

START CARD # 172747

WATER RESOURCES DEPT
SALEM, OREGON

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 GAUMER
City NEWBERG State OR Zip 97132

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

(3) DRILL METHOD
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 Other _____

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(6) CASING/LINER

Casing:	Diameter	From	To	Gauge	Steel				Plastic		Welded		Threaded	
					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	12"	0	25	.250	✓						✓			
	8"	+2	175	.250	✓						✓			
Liner:														

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

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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

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WWC Number 573 Date 03/04/2005
Signed [Signature]