

STATE OF OREGON
WATER SUPPLY WELL REPORT

YAMH 59957

WELL I.D. LABEL# L

159023

START CARD #

1083262

ORIGINAL LOG #

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

8/31/2026

(1) LAND OWNER

Owner Well I.D. 26-28

First Name _____ Last Name _____
 Company RAIN DANCE RANCH VINEYARDS
 Address 3004 NE ZIMRI DR.
 City NEWBERG State OR Zip 97132

(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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 265.00 ft.

BORE HOLE				SEAL			sacks/
Dia	From	To	Material	From	To	Amt	lbs
10	0	265	Bentonite Chips	0	50	24	S
					Calculated	22.82	
			Cement with 2% Benti	50	180	55	S
					Calculated	30.08	

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

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

Filter pack from 180 ft. to 263 ft. Material PEA GRAVEL Size 3/8Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 8/27/2026 Begin Time 17 33**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount

Actual Amount

(6) CASING/LINER

C/L	Dia	+ From To Gauge	Mat. Type	Wld	Thrd	Shoe	Location
C	6	☒ 2 265 0.250	ST	☒		OUT.	265

Temp casing ☒ Yes Dia 10 From + ☐ 0 To 8**(7) PERFORATIONS/SCREENS**Perforations Method mill slotted

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
	Casing	6	225	265	.125	3	912	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	42		265	3

Temperature 53 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 65 ppm

From To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County YAMHILL Twp 3.00 S N/S Range 2.00 W E/W WMSec 8 SE 1/4 of the NW 1/4 Tax Lot 2100

Tax Map Number _____ Lot _____

Lat _____ " or 45.32808700 DMS or DD

Long _____ " or -122.96139600 DMS or DD

☒ Street address of well ☐ Nearest address

4000 NE ASPEN WAY NEWBERG, OR 97132

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/28/2026			110.5
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 155.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/26/2026	155	180	0.5			110
8/26/2026	180	262	42			110

(11) WELL LOGGround Elevation 369.13 FT

Material	From	To
gravel fill	0	2
clay brwn w/cobbles	2	8
basalt wthd decomp gray/brwn	8	18
basalt gray/brwn fract wthd	18	45
same as above w/loose bkn zones	45	110
same as above very bkn	110	123
basalt brwn wthd occ bkn	123	155
basalt gray/brwn wthd bkn	155	180
basalt gray well fract occ bkn	180	199
basalt gray med-hrd fract	199	209
basalt gray/brwn well fract some vesic	209	220
basalt gray/brwn vesic	220	242
basalt gray/brwn wthd bkn loose	242	247
basalt gray/brwn med fract slightly vesic	247	262
basalt gray hrd slight fract	262	265

Construction

Begin Date 8/24/2026 Begin Time 08 00 End Date 8/28/2026**(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 8/31/2026Signed 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 8/31/2026Signed 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.

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

YAMH 59957

8/31/2026

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: 45.32808700 Datum: WGS84

Longitude: -122.96139600

Township/Range/Section/Quarter-Quarter Section:

WM3.00S2.00W8SENW

Address of Well:

4000 NE ASPEN WAY NEWBERG, OR 97132

Well Label: 159023

Printed: August 31, 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

