

	LAKE 52	487 LAK	E 52487	LOSTI Repl:
STATE OF OREGON WATER SUPPLY WELL REPORT		WEI	LL LABEL # L -/ C-	159223
(ORS 537.765 & OAR 690-205-0210)		STA	RT CARD# 206	041
Instructions for completing this report are on the last pa	ge of this form.	ORIG	GINAL LOG#	
(1) LANDOWNER Owner Well I I). <u> </u>	(9) LOCATION OF WE	I.I. (legal description)
ompany Last Name Hack	OFFICE	County La Me	TWD 30 Nors R	ange For W.W.M.
Address PA Boy 5-1		Sec \$ 5	4 of the 5/14	ax Lot 600
ily Summer Lake State Col	Zip 97640	Tax Map Number		
2) TYPE OF WORK New Conversion	Пъртина	Lat°	" or	DMS or DD
Alteration (complete Sections 2a & 10) Abandonme		Long.	" or	DMS or DD
2a) PRE-ALTERATION: Well De		Street Address of Well (or go	arest address) 480	113 Dr58V
Seal Material	:PALI	spling no	¿Ummer L	· Kı
		(10) STATIC WATER I		a. a
asing Gauge Casing Diameter				/L(psi) + SWL (fi)
2) DDU (METHOD Man	4.4 🖽 🖽	Existing Well/Pre-Ahcratio	17-1-13 4	PF /
3) DRILL METHOD		Completed Well		
Treatie Tracte with Tracketse Roury Crother			ng Artesian? Yes I	s first found 260
4) PROPOSED USE Domestic Trigation	Community	WATER BEARING ZON	Co Depth water wa	s first found of 60
Industrial/Commercial Livestock Dewatering	g Injection			SWL (psi) + SWL (ft)
] Thermal		9-1-13 270 2	60 1500	1 Ps;
5) BORE HOLE CONSTRUCTION				
Depth of Completed Well 200 ft. Special Standard	d: [] Yes (attach copy)			
BORE HOLE SEA	AL.			
	To Amount Scks/lb		C 4 C1	
24" 0 90 Comm 0	90/00 SA	➡ Alan Salah S	Ground Elevation	
150 90 155 cement 90	155 100 5-1		Fr	om 2 ^{To}
10 11 200 120		Tot SoL		150
How was scal placed: Method A B C		Black Lath	N 40 H 150	1/25
Other		new Labor Ra	K /45	226
Backfill placed from R. to ft Material		MINAS Lava		270
ifter pack from the fit Material				
no para nom	WHAT I WANTED	1	DEACHIE	D BY OWAD
5a) ABANDONMENT USING UNHYDRATED BENT		DECENED BY		
Calculated Amount Proposed to be Used:	sacks/lbs	RECEIVED BY O		
Actual Amount Used:	sacks/lbs	e afficience for	VON	1 8 2013
	<u> </u>	0CT 1 0 2013		
6) CASING/LINER	in. Language de la companya di manggang di	1 7 7 7 7	management of the second of the second of the second	EM, OP.
Sing Linr Dia + From To Gauge Steel	- 			EMILOR
X	 	SALEM, OR		
	1 1 1	Date Started 8- 15-	13 Completed	9-1-13
era de la compania del compania del compania de la compania del compania del compania de la compania del co				4.
thoe I Inside I Outside I Other Location of shoe(s)		(unbonded) Water Well Co		tion demoning alternites
Temporary casing ☐ Yes DiameterFrom		abandomment of this well is		tion, deepening, alteration, or n water supply well
		construction standards. Mate	rials used and informatio	n reported above are true to
7) PERFORATIONS/SCREENS		the best of my knowledge an	d belief.	
Perforations MethodMaterial		License Number	Date	
		1	- Date	
Screen	1 1 1	1 519000	····	
Perf Sern Csng Lint Dia From To width	Slot # of pipe length slots size	(bonded) Water Well Cons	tminton Cantifferties	
STATE ONLY DISCOUNTING	3003 3120	l accept responsibility fo		ning, alteration, or
		abandonment work performe		
		above All work performed		
		supply well construction star and belief	dards. This report is true	to the best of my knowledge
8) WELL TESTS: Minimum testing time is 1 hou	ur	1	(/	14 / 13
	owing Artesian	License Number 1 6	(/ Date	10-6-17
Pump Bailer Air 🔀 Flo		l el V		
	h Duration there		_	
Yield gal/min Drawdown Drill stem/Pump dept	The second secon	Signed	<u></u>	
Yield gal/min Drawdown Drill sten/Pump dept	br	Signed Contact Info (optional)		The state of the s
Yield gal/min Drawdown Drill stem/Pump dept 1500 Prill stem/Pump dept	L br	· · · · · · · · · · · · · · · · · · ·		and the state of t
Yield gal/min Drawdown Drill stem/Pump dept 1500 Prill stem/Pump dept comperature 60' oF Lab analysis Yes By Water quality concerns Yes (describe below) TDS	ppm	· · · · · · · · · · · · · · · · · · ·		and a second
Yield gal/min Drawdown Drill stem/Pump dept 15 00 or emperature 60 °F Lab analysis Yes By Water quality concerns □ Yes (describe below) TDS	L br	· · · · · · · · · · · · · · · · · · ·		
Yield gal/min Drawdown Drill stem/Pump dept 15 00 □ cmperature 60 ° °F Lab analysis □ Yes By Water quality concerns □ Yes (describe below) TDS	ppm	· · · · · · · · · · · · · · · · · · ·	pc	CEIVED by ou

APR 2 4 2014

LAKE 52487

STATE OF OREGON WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

LAKE 52487 LOST! Repl: WELL LABEL # L 76 445 159223 START CARD# 206041

Instruct	ons for	com	oleting th	nis report	are on the	last pag	e of this	form.			0	RIGINAL	LOG#			
(1) LAN	DOW	NER			Owner	Well I.D.		,		(9) LOCATI	ON OF	WELL (le	gal descript	ion)		
		ome	>	Las	Name 1	(ach	aples			County La	11	Twn	3 O Nors	Banco 1 7	E	· W W M
ompan	P.	0		-1	92020				-	Sec 35	16	1/4 of the	1 1 1013	Kange	600	7
Address	10	DOY	1. 1.		State	as	Zip 9	764	7							
City	mm	47	La M		_ State		Zip	1		Tax Map Numb	ser		8	Lot		
(2) TYI	E OF	WO	RK 5	New	☐ Conver	rsion	Deep	ening		Lat°		·" ⁽)r			MS or DD
				ns 2a & 10					ion 5a)	Long°						MS or DD
(2a) PR						Vell Dep			ft.	Street Address	of Well (o	r nearest ac	dress) 4	8413 1	0-55	· I
		LIN	TION	•	· · · · · · · · ·	ven ber			1	SPVing	n	Jeures a	(I) was to the	4 4 4 8		
Seal Ma	_	_				00.00.15-5				21-1	,,,		, 0 10		Marine An	
Casing '	Гуре:		Steel	☐ Pla	stic [Other _				(10) STATIC	WATE	RLEVEI				
Casing C	auge			Cas	ing Diam	eter				(,				SWL(psi)	+ S	WL (ft)
										Existing Well	Pre-Altera	ation %		4 151		
(3) DRI	I.I. M	ETH	OD 1	Rotary .	Air DR	otary Mi	ıd 🗆	Auger		Completed W			, ,	1111	-	
				Reverse I				. rugo.		Completed W		outing Auto	aian2 MVan	Dry Hole?	7 Van	
Cabic		abic	viud _] Reverse i	totaly _	Other _				WATER DE		- A THE RESERVE				
(4) PR	POSE	D U	SE [Domestic	M'Irri	gation	ПСо	mmunity	,	WATER BEA	ARING Z	ONES	Depth water	was first foun	d > 6	
				Livestock						SWL Date	From	To	Est Flow	SWL (psi)	1 + S	WL (ft)
☐ Ther			Colores Till	Other	The state of the s					9-1-13	220	260	1500	4 051		
		TE		RUCTIO							-			1		
				o ft		Standard	□ Vas	(attack								
Deptn of	Compl	eted V	vell & c	It	Special S	standard:	☐ Yes	(attach c	copy)			100				
	BORE	HOLI	Ε			SEA	L									
Dia	From		To	Mate	rial	From	To A	mount	Scks/lbs							
24"	0		0	Lem			10/	00	5 K	(11) WELL I	LOG	G	round Elevation	on		
18"	90		55	Cem	nt	90 1	155/	00	5e 1		Material			From	1	2 ^{To}
411	153		00							701 5	0 L		0			2
10"	200	2	10							Brown	1/2/		2			150
How was	seal pl	aced:	Metho	od 🗆 A	□в	X C	\Box D	ΠE		Black	Laba	NECH	150	3		65
Other										ned Las	a L	ack	165			26
		rom		ft. to	ft Ma	terial				Broken	Luva	nuch	220	5	1	60
Dackiiii							C:			50.51						
	V trom			17												
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ilter pac	ANDO	NME	NT USI	NG UNHY	DRATED	CONTRACTOR OF THE			ke/lhe	RECEIVE	D BY	OWRD	RECEIV	ED BY	AWC	D
'ilter pad (5a) AB Calculate	ANDO ed Amo	NME unt Pr	NT USIN		DRATED	CONTRACTOR OF THE		sac	ks/lbs	RECEIVE	D BY	OWRD				D
ilter pace (5a) AB	ANDO ed Amo	NME unt Pr	NT USIN	NG UNHY	DRATED	CONTRACTOR OF THE		sac	ks/lbs					V T 8 201		D-
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May 15# 2014

Oregon Water Resources Department Attn: Buffy Gillis 725 Summer Street NE, Suite A Salem, OR 97301

Dear Ms. Gillis,

Below is a list of the correct locations of the wells therein identified. Well driller Tom Search sent your office the corrected well logs for LAKE 1507 and LAKE 52487. Schroeder Law Offices sent your office the corrected well logs for the remaining wells.

Well#	Well Log #	Township, Range, Section, Quarter-Quarter
Well 1	LAKE 3030	30 South, 17 East, Sec. 8 NE NW
Well 2	LAKE 1507	30 South, 17 East, Sec. 8 NE NW
Well 3	LAKE 4444	30 South, 17 East, Sec. 8 NE NW
Well 4	LAKE 3029	30 South, 17 East, Sec. 8 NE NW
Well 6	LAKE 52368	30 South, 17 East, Sec. 5 SW SE
Well 7	LAKE 52369	30 South, 17 East, Sec. 8 NE NW
Well 8	LAKE 52487	30 South, 17 East, Sec. 5 NW SE

Sincerely,

Thomas MacDonald
Desert Springs Trout Farm

RECEIVED BY OWRD

MAY 1 9 2014

SALEM, OR



Oregon Water Resources Department 725 Summer Street NE, Suite A Salem Oregon 97301 (S03) 986-0900 www.oregon.gov/owrd

Last Update: 5-10-23

Application for Well ID Number

RECEIVED

Do not complete if the well already has a Well Identification Number.

AUG 21 2025

OWRD I. OWNER INFORMATION Current Owner Name (please print): Western State Steelhead; Attn: Charlie Hensel Mailing Address: 2157 N Northlake Way, Suite 210 City, State, Zip: Seattle, WA 98103 In Care Of (C/O) SAME AS ABOVE Mail Well ID to: Name & Address: Thomas MacDonald, P.O. Box 40 City, State, Zip: Summer Lake, OR 97640 II. WELL LOCATION INFORMATION (Please fill out os completely as possible) Township: 30 N (North / South) Range: 17 W (East / West) Section: 5 Tax Lot (usually last 3-5 numbers of Tax Map #): 600 GPS Coordinates: N 42.99657318, W -120.73126521 Street Address of Well, City: 48320 Desert Springs Rd, Summer Lake, OR 97640 If the property had a different street address in the past: III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available) Use of Well (domestic, irrigation, commercial, industrial, monitoring): Commercial / Industrial; Well 8, Permit G 18914 Date Well Constructed (or property built): 8-1-2013 _____ Total Well Depth: 260 ft Casing Diameter: 14 in Owner at time the well was constructed (if known): Thomas MacDonald Well Report # (if known): LAKE 52487 Other Information: Original well tag L-104458 LOST! (band broke and tag was lost) - need REPLACEMENT SUBMITTED BY (please print): Theodore R. Ressler EMAIL &/or FAX: tressler@summitwr.com PHONE: 503-701-4535 To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301. Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902. **REPLACEMENT** For Official Use Only by the Oregon Water Resources Department: Well Identification #: Received Date: Well Report Number: AKE 52487 L-1*5*9223

Well I.D. Number/2 wcc