

STATE OF OREGON
WATER SUPPLY WELL REPORT

WASC 53022

WELL I.D. LABEL# L

150824

START CARD #

1077253

ORIGINAL LOG #

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

5/9/2025

(1) LAND OWNER

Owner Well I.D. _____

First Name RICHARDLast Name FADE

Company _____

Address 719 STATE ST.City HOOD RIVERState ORZip 97031**(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 ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____
(4) PROPOSED USE☒ Domestic ☐ Irrigation ☐ Community☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering☐ Thermal ☐ Injection ☐ Other _____**(5) BORE HOLE CONSTRUCTION**Special Standard ☐ (Attach copy)Depth of Completed Well 245.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	120	Bentonite	0	20	15	S
6	120	245			Calculated	9.13	
			Cement	20	120	45	S
					Calculated	27.04	

Seal placement method: ☐ A ☐ B ☒ C ☐ D ☐ E ☒ Other: POUR IN

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

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 5/8/2025 Begin Time 14 00**(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	119	0.250	ST	☒		OUT.	120
L	4		25	245	Sch40	PL	☒			

Temp casing ☒ Yes Dia 10 From + ☐ 0 To 20**(7) PERFORATIONS/SCREENS**Perforations Method SAW

Screens Type _____

Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
		4	205	245	.125	6	40	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	15		235	1

Temperature 52 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 130 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County WASCO Twp 2.00 N N/S Range 12.00 E E/W WMSec 8 NW 1/4 of the NE 1/4 Tax Lot 500

Tax Map Number _____ Lot _____

Lat _____ " or 45.67710600 DMS or DD

Long _____ " or -121.34462800 DMS or DD

☒ Street address of well ☐ Nearest address1710 STATE RD, MOSIER, OR 97058**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	5/8/2025			105
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 194.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
5/8/2025	194	240	15			105

(11) WELL LOGGround Elevation 763.65 FT

Material	From	To
TOP SOIL	0	1
BROWN SANDSTONE, COARSE	1	13
WHITE SANDSTONE, COARSE	13	17
BROWN SANDSTONE	17	55
SANDSTONE W/CEMENTED GRAVEL	55	65
BROWN SANDSTONE	65	76
BROWN BASALT, BROKEN	76	95
GRAY BASALT, MED HARD	95	143
BROWN & GRAY BASALT, MED HARD	143	165
GRAY BASALT, MED HARD	165	194
BROWN BASALT, SOFT, POROUS	194	226
BLACK BASALT, SOFT, POROUS	226	240
GRAY BASALT, HARD	240	245

Construction

Begin Date 5/6/2025 Begin Time 09 34 End Date 5/8/2025**(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 1833 Date 5/9/2025Signed GABRIEL MOORE (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 1256 Date 5/9/2025Signed KARL MOORE JR (E-filed)Drilling Company: M-K WATERWELL DRILLING INC

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.

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

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

WASC 53022

5/9/2025

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: 45.67710600 Datum: WGS84

Longitude: -121.34462800

Township/Range/Section/Quarter-Quarter Section:

WM2.00N 12.00E8NWNE

Address of Well:

1710 STATE RD, MOSIER, OR 97058

Well Label: 150824

Printed: May 9, 2025

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

