

STATE OF OREGON
WATER SUPPLY WELL REPORT

WASC 53033

WELL I.D. LABEL# L

150047

START CARD #

1079368

ORIGINAL LOG #

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

10/21/2025

(1) LAND OWNER

Owner Well I.D. _____

First Name ALAN, NORMA Last Name HAWLEY

Company _____

Address 1415 CARROL RDCity MOSIER State OR Zip 97040**(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 322.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	20	Cement w/4% Bentonite	0	252	64	S
10	20	252			Calculated	88	
6	252	322			Calculated		

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

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

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 10/7/2025 Begin Time 09 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	☒	2	252	0.250	ST	☒		OUT.	252
L	4		222	302	Sch40	PL		☒		

Temp casing ☒ Yes Dia 10 From + ☒ 1 To 20**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type certalock Material pvc

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
		4	302	322	.032	2	1200	Pipe Size

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	50		322	1
Air	47		240	1

Temperature 67 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 179 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 7 SW 1/4 of the SW 1/4 Tax Lot 1900

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 45.66681552 DMS or DD

Long _____ ° _____ ' _____ " or -121.37905447 DMS or DD

☒ Street address of well ☐ Nearest address1415 CARROL RD, MOSIER, OR 97040**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	10/13/2025			109.9

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 161.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9/25/2025	161	175	5			102.8
9/25/2025	212	220	8			102.8
9/25/2025	220	230	12			102.8
9/25/2025	230	242	15			102.8
9/25/2025	279	290	27			102.8

(11) WELL LOGGround Elevation 374.41 FT

Material	From	To
BROWN CLAY	0	2
BOULDER HARD	2	6
DARK BROWN SANDY CLAY	6	17
GRAY BASALT HARD	17	54
GRAY BASALT BROKEN	54	57
GRAY BASALT HARD	57	161
GRAY BASALT BROKEN WB	161	175
FINE BLACK SAND / BLACK BASALT SOFT WB	175	180
GREEN CLAYSTONE / MULTICOLORED BASALT WB	180	212
maroon basalt soft wb	212	220
BLACK BASALT SOFT WB	220	230
GRAY BASALT MED HARD	230	279
GREEN CLAYSTONE / BLACK BASALT BROKEN WB	279	290
BLACK BASALT MED WB	290	315
GRAY BASALT HARD	315	322

Construction

Begin Date 9/23/2025 Begin Time 07 41 End Date 10/10/2025**(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 _____ 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.

License Number 1934 Date 10/21/2025Signed DWAYNE PERSON (E-filed)Drilling Company: Cascade Well Drilling LLC

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.

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

WASC 53033

10/21/2025

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: 45.66681552 Datum: WGS84

Longitude: -121.37905447

Township/Range/Section/Quarter-Quarter Section:
WM2.00N12.00E7SWSW

Address of Well:

1415 CARROL RD, MOSIER, OR 97040

Well Label: 150047

Printed: October 21, 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

