

STATE OF OREGON
WATER SUPPLY WELL REPORT

WASC 53066

WELL I.D. LABEL# L

Page 1 of 3

START CARD #

1083261

ORIGINAL LOG #

WASCO 2855

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

8/25/2026

(1) LAND OWNER

Owner Well I.D.

First Name DIEGO

Last Name LEON

Company

Address 1275 DRY CREEK RD

City 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: From To Amt sacks/lbs

(3) DRILL METHOD

☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Reverse Rotary ☒ Other ABANDON

(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 ft.

BORE HOLE
Dia From To Material SEAL From To Amt sacks/lbs
Calculated
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 8/19/2026 Begin Time 10 00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount 132.00 Sacks Actual Amount 131.00 Sacks

(6) CASING/LINER

C/L Dia + From To Gauge Mat. Type Wld Thrd Shoe Location
Temp casing ☐ Yes Dia From + To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

Perf/ Casing/ Screen
Screen Liner Dia From To Scrm/slot Slot # of Tele/
width length slots Pipe size

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

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

Temperature °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount
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 WM

Sec 7 NW 1/4 of the SE 1/4 Tax Lot 2701

Tax Map Number Lot

Lat ° ' " or 45.66860185 DMS or DD

Long ° ' " or -121.36542722 DMS or DD

☐ Street address of well ☒ Nearest address

1275 DRY CREEK RD, MOSIER, OR 97040

(10) STATIC WATER LEVEL

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

WATER BEARING ZONES

Depth water was first found

SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG

Ground Elevation 488.18 FT

Material From To

Construction

Begin Date 8/19/2026 Begin Time 10 00 End Date 8/19/2026

(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 1934 Date 8/25/2026

Signed DWAYNE PERSON (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 1934 Date 8/25/2026

Signed 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.

8/25/2026

START CARD #

1083261

ORIGINAL LOG #

WASCO

2855

(2a) PRE-ALTERATION

[illegible]

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To		Amt
			Calculated				
			Calculated				
			Calculated				
			Calculated				

FILTER PACK			
From	To	Material	Size

(6) CASING/LINER

[illegible]

(7) PERFORATIONS/SCREENS

[illegible]

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

[illegible]

(11) WELL LOG

[illegible]

Name of person(s) who assisted with construction and Trainee License # / Helper #

Assistant Name	Type	#

Comments/Remarks

UNABLE TO OBTAIN ACCURATE STATIC WATER LEVEL DUE TO CASCADING WATER AND 5
FEET OF PEA GRAVEL PLACED IN BOTTOM OF HOLE AS PER OWRD INSTRUCTIONS

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

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8/25/2026

Map of Hole

