



July 23, 2024

Trent Weseman

levi@rawcider.com

Lost Lake Resort

5530 IMAI RD

Hood River, OR 97031

800 NE Oregon Street, Ste 640

Portland, OR 97232

Phone: (971) 673-0405

Fax: (971) 673-0694

www.healthoregon.org/DWP

Letter sent via e-mail only

Re: **Lost Lake Resort (PWS #[95743](#))**
2023 Well #1 ([L1517877](#), [HOOD51295](#) & subsequent alteration [HOOD51313](#))
Conditional Approval ([PR #142-2019](#))

Dear Mr. Weseman:

Thank you for the information you have submitted for the new transient non-community water system, *Lost Lake Resort* (<https://lostlakeresort.org/>), which has been assigned Public Water System ID# 41-[95743](#). The water system includes a single pitless adapter well originally drilled 11/7/2023 (L1517877, HOOD51295), subsequently altered on 6/14/2024 to meet Oregon Water Resources Department standards (HOOD51313 received 7/12/24), and a single 119-gallon *Water Worker* model HT119B pressure tank to serve the general store, resort lodge, and spigots within the resort, formerly served by the surface water system, now called Lost Lake Campground (PWS ID# 92627).

The system is considered a transient non-community system and is licensed by the Oregon Dept of Agriculture (store & water system oversight) and Hood River County Environmental Health (recreational lodging oversight).

Based on the anticipated use of less than 5,000 gallons per day for commercial use, the planned use meets the Exempt Use criteria, and no water right would be needed for the well at this time as indicated by Robert Wood, Water Master with the Oregon Water Resources Dept. in an email dated 7/14/24.

This project has been assigned plan review #142-2019 and can be tracked online at: <https://yourwater.oregon.gov/planreview.php?pwsno=95743>. As a new transient non-community water system, this system has been assigned Public Water System (PWS) ID# 95743 as viewable online at: <https://yourwater.oregon.gov/inventory.php?pwsno=95743>. All new systems must undergo a Capacity Assessment, which will be completed concurrently with this plan review process.

Under OAR 333-061-0060(1)(b), submittals must be prepared by a Professional Engineer registered in Oregon, unless exempted by DWS. An exemption was requested and granted for this submittal. **Note that by utilizing this exemption, the water system takes full responsibility for the design of the project.**



Based upon the submitted information, the project is granted Conditional Approval, which means that for Final Approval, the following conditions will need to be met:

Note that the following conditions are required under our construction standards as indicated in the Oregon Administrative Rules (OAR) cited below and under [OAR 333-061-0050\(1\) - general requirements, -0050\(2\)\(a\) – wells, & -0050\(6\)\(b\):](#)

OAR 333-061-0050(1) – General:

1. **Materials** in contact with well water are designed for potable water service and **meet NSF Standard 61.**
2. **Because the new well will not be disinfected to carry a detectable free chlorine residual, the distribution system served by the well must be physically separated from the existing surface water system serving the Lost Lake Campground (PWS ID#92527). Documentation/photos showing the location and manner of this physical separation needs to be submitted.**

OAR 333-061-0050(2)(a) – Wells:

3. **Public or private roadways may be allowed within 100 feet of a confined well, provided the well is protected against contamination** from surface runoff or hazardous liquids which may be spilled on the roadway and is protected from unauthorized access. A description of how run-off from the road immediately adjacent to the well will be diverted away from the well will need to be submitted in a waiver request to waive the roadway setback requirement under OAR 333-061-0050(2)(a). The construction standards waiver application is available as a  [fillable MS Word](#) or  [PDF document](#).
4. **The following sanitary hazards are not allowed within 100 feet of a well** which serves a public water system unless waived by the Authority: any existing or proposed pit privy, subsurface sewage disposal drain field; cesspool; solid waste disposal site; pressure sewer line; buried fuel storage tank; animal yard, feedlot or animal waste storage; untreated storm water or gray water disposal; chemical (including solvents, pesticides and fertilizers) storage, usage or application; fuel transfer or storage; mineral resource extraction, vehicle or machinery maintenance or long-term storage; junk/auto/scrap yard; cemetery; unapproved well; well that has not been properly abandoned or of unknown or suspect construction; source of pathogenic organisms or any other similar public health hazards. No gravity sewer line or septic tank shall be permitted within 50 feet of a well which serves a public water system. Clearances greater than indicated above shall be provided when it is

July 23, 2024

determined by the Authority that the aquifer sensitivity and degree of hazard require a greater degree of protection. Above-ground fuel storage tanks provided for emergency water pumping equipment may be exempted from this requirement by the Authority provided that a secondary containment system is in place that will accommodate 110 percent of the fuel tank storage.

5. A **raw water sampling tap** shall be provided on the pump discharge line, prior to treatment or storage tanks and as close to the wellhead as possible. Although no treatment was indicated in the submittal, please note that a sample tap after treatment and any tanks is also required should treatment (e.g., water softening, continuous chlorination, UV disinfection, etc.) be added with the final design.
6. **Test results** taken of the well's raw water (prior to treatment or storage tank) for **nitrate, arsenic, and coliform bacteria** with a sample date sometime **after the date the well was altered on June 14, 2024**.

OAR 333-061-0050(6)(b) – Pressure Tanks:

7. **The NSF-61 pressure tank (Water Worker HT119B):**




- a. Shall be provided with **bypass piping** around the pressure tank to permit operation of the system while the tank is being maintained or repaired; and
- b. Shall be provided with a **drain, a pressure gauge, an air blow-off valve, a means for adding air and pressure switches for controlling the operation** of the pump(s).

OAR 333-061-0050(10) – Disinfection of Facilities:

8. New facilities are **disinfected, flushed, and tested** (coliform bacteria presence/absence test) following construction in conformance with OAR 333-061-0050(10).

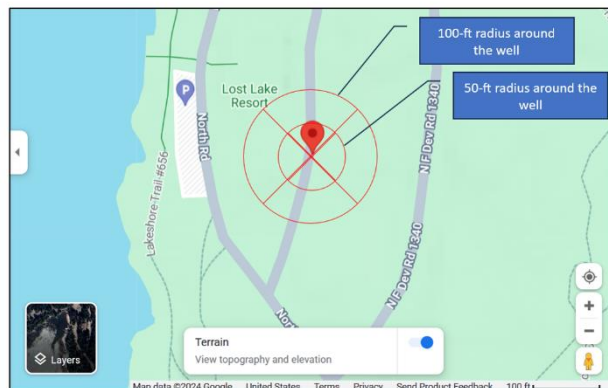
Conditions in this letter are all required our construction standards for wells (pdf pages 1-5), pressure tanks (pdf page 21), and disinfection of new facilities (pdf page 24-26) online at the link below:

<https://www.oregon.gov/oha/PH/HEALTHYENVIRONMENTS/DRINKINGWATER/PANREVIEW/Documents/OAR-333-061-0050.pdf>


As previously mentioned and provided under  [OAR 333-061-0055 \(end of page 26\)](#), Drinking Water Services may grant waivers from construction standards under some conditions (e.g., the roadway within 100-ft of the well). The construction standards waiver application is available as a  [fillable MS Word](#) or a  [PDF document](#).

Please complete this waiver form and email it back to me at evan.e.hofeld@oha.oregon.gov. You may indicate that you are seeking a waiver from [OAR 333-061-0050\(2\)\(a\)\(D\)](#) due to the presence of the North Road being within 50-ft of the well as shown in the map to the right. In the waiver request, you should indicate how runoff from the road will be prevented from reaching the well. you may indicate that the well evaluation completed by Russ Kazmierczak under PR# 142-2019 on 7/22/24 found the well to be adequately constructed into a confined aquifer.

Approximate 50- and 100-ft radii around the well:



Until documentation showing how these conditions have been met and Final Approval has been granted, the system is not approved for use.

To close out this project and request final approval, please fill out the Project Final Approval  [request form](#) and email it me at evan.e.hofeld@oha.oregon.gov along with any supplemental documentation showing how the above conditions have been met (be sure to reference Plan Review #142-2019 and public water system (PWS) ID #95743).

Supplemental documentation may include the following:

- 1) Laboratory test results for arsenic, nitrate, and coliform bacteria from the raw well water.
- 2) Photos of the
 - a. wellhead,
 - b. sample taps (pre- and post-pressure tank),
 - c. pump-to-waste piping (used to pump the output of the well to waste for flushing following disinfection or well output testing)
 - d. pressure tank,
 - e. new building housing the pressure tank (and plans if available), and
 - f. physical separation of the new groundwater system from the existing surface water system. For example, photos of the excavated waterline showing the cut and caps used to isolate the groundwater system from the surface water system as well as the location of that cut and capped section.
- 3) A description of how the well and new facilities were disinfected, flushed, and tested (coliform bacteria presence/absence test) following construction in conformance with OAR 333-061-0050(10) – see pdf pages 24-26 of our construction standards online at: <https://www.oregon.gov/oha/PH/HEALTHYENVIRONMENTS/DRINKINGWATER/PLANREVIEW/Documents/OAR-333-061-0050.pdf>. You may also find it helpful to refer to this guidance for assistance with disinfection: <https://www.oregon.gov/oha/PH/HealthyEnvironments/DrinkingWater/Operations/Pages/shockchlorination.aspx>.

Information contained on subsequent pages of this letter includes the constructed **well evaluation results from our geologist**, information regarding **water rights, water quality test results, pressure tank specifications**, and a **system map**.

Thank you for your patience in this plan review process and if you have any questions, please feel free to call me at 971-200-0288 or e-mail me at evan.e.hofeld@oha.oregon.gov.

Sincerely,



Evan Hofeld, PE
Oregon Health Authority – Drinking Water Services

cc:

Tommy Laird - Oregon Water Resources Dept (OWRD), Well Construction Program Coordinator,
503-302-8618, Tommy.K.LAIRD@water.oregon.gov

Shaun Finn - Oregon Water Resources Dept (OWRD), Well Inspector – North Central Region,
541-969-9896, Shaun.P.FINN@water.oregon.gov

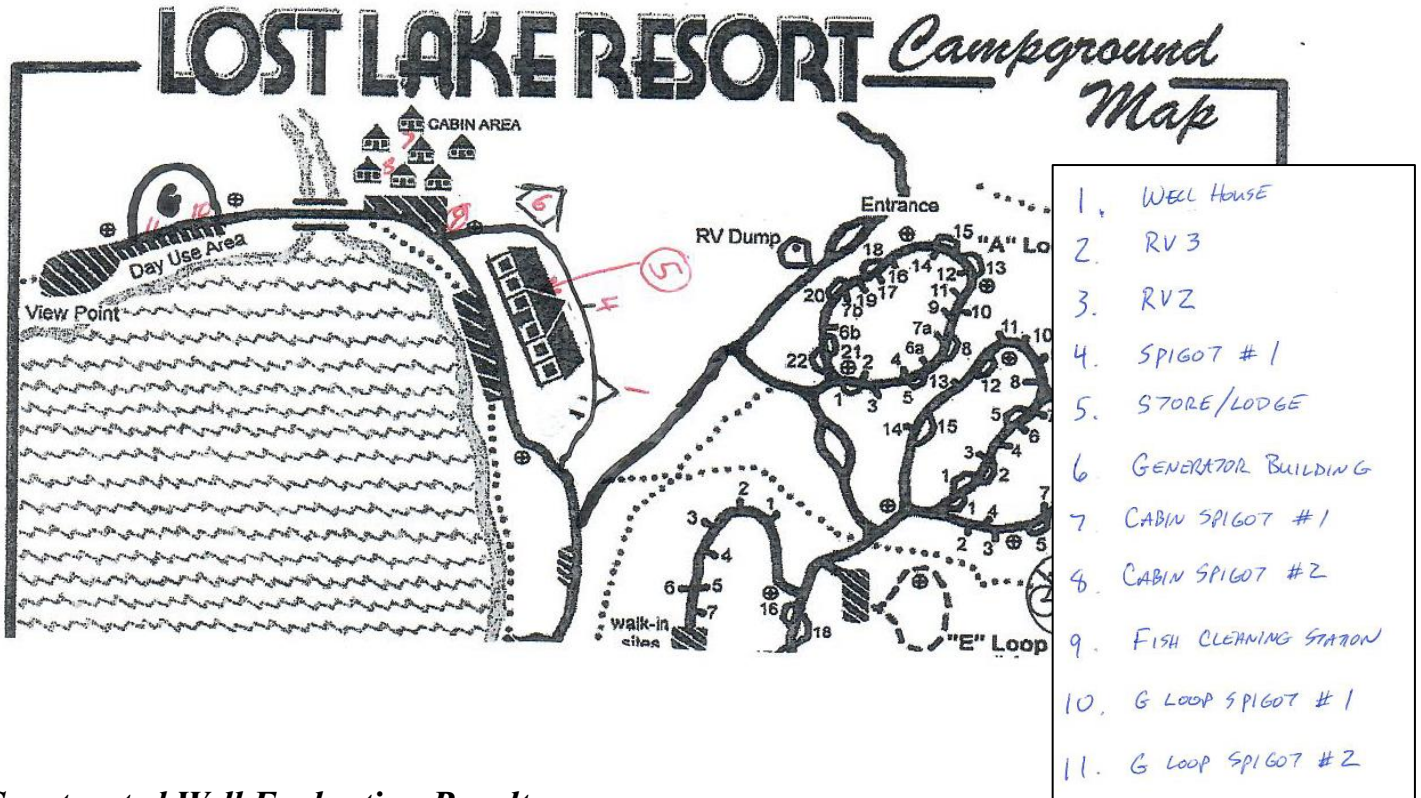
Robert Wood – OWRD, District 3 Water Master, 541-506-2652, Robert.L.WOOD@water.oregon.gov

Sarah Schwab – Oregon Dept. of Agriculture, 503-508-6828, Sarah.SCHWAB@oda.oregon.gov

Ian Stromquist – Hood River Co. Env. Health, 541-387-7130, ian.stromquist@hoodrivercounty.gov

Eric Ganshert – USDA permit administrator, 541-352-1231. Eric.ganshert@usda.gov.

Map showing facilities served by the well:



Constructed Well Evaluation Results:

The well logs ([HOOD51295](#) & [HOOD51313](#)) was submitted to our geologist, Russ Kazmierczak, for evaluation on July 14, 2024. Mr. Kazmierczak completed his evaluation on July 22, 2024 finding that, as shown in the evaluation excerpts below, the well is adequately constructed into a confined aquifer, which means that the well is less susceptible to contamination due to ground-level activities around the well.

As Built Well Construction Evaluation for Plan Review and/or Setback Waiver:

Well/Spring meets current construction standards.
 WRD special construction standards, see well log or Comments.

Well/Spring construction does not meet construction standards.
 Not sealed to appropriate depth. Recommended depth: _____
 Not appropriate seal materials
 Open to more than one aquifer
 Seal info missing or unknown
 Seal not constructed properly (Insufficient sealant volume Insufficient annular space)

Susceptible construction, but grandfathered source. Consider for reconstruction if nitrate \geq 5mg/L or confirmed *E. coli* at source.

Susceptible well construction, **not approved for use.**

Comments: An adequate amount of sealant (8 to 10 sacks required and 9 were used) was used to seal the reconstructed well (see above for requirement by OWRD to extend the original 19 foot seal to an appropriate depth).

Nature of Aquifer Evaluation:

Aquifer Nature: Confined aquifer Semi-confined aquifer Unconfined aquifer

Comments: The area around the well is surficially mapped as Quaternary glacial deposits (Qg). Well HOOD 51313/L151877 is constructed into a confined aquifer composed of layered volcanics. Depth to the water bearing zone was measured at 540 ft bgs and the static water level (SWL) rose to 5 ft bgs. **The rise in static water level indicates that the aquifer is likely confined.**

Water Rights Information:

Hofeld Evan E



From: WOOD Robert L * WRD <Robert.L.WOOD@water.oregon.gov>
Sent: Monday, July 15, 2024 8:18 AM
To: Hofeld Evan E
Cc: Trent Weseman; ODA_drinkingwater; Ian Stromquist
Subject: RE: Lost Lake Resort Well L158177 - Water Rights Requirements





Evan,
A water right would not be needed as long as the use from the well does not exceed 5,000 gallons per day for commercial uses. All the uses mentioned below would be considered commercial uses for the operation of a campground. For reference, see ORS 537.545.
Thanks,
Bob

[Robert Wood](#)

DISTRICT 3 WATERMASTER
2705 E 2nd St, The Dalles, OR 97058 | Phone 541-506-2652

Re: Lost lake well flow test

 Trent Weseman <trent@lostlakeresort.org>
To:  Hofeld Evan E
You replied to this message on 7/16/2024 11:08 AM.

 Reply  Reply All  Forward  ...
Tue 7/16/2024 9:37 AM

We used about 2500 gallons last Sunday, which was one of the busiest days of the year. I anticipate 2500 to 3000 gallons per day on a weekend during July and August. The shoulder months will drastically drop. For example, a midweek day averages around 1200 gallons.

On Tue, Jul 16, 2024, 8:03 AM Hofeld Evan E <EVAN.E.HOFELD@oha.oregon.gov> wrote:

Thanks Trent,

34 gpm could yield about 49,000 gallons per day if the well was pumped continuously for 24 hours. I'm sure you wouldn't be using near that amount, but how much water do you anticipate using per day?

Evan Hofeld

From: Hofeld Evan E <EVAN.E.HOFELD@oha.oregon.gov>
Sent: Friday, July 12, 2024 12:41 PM
To: WOOD Robert L * WRD <Robert.L.WOOD@water.oregon.gov>
Cc: Trent Weseman <trent@lostlakeresort.org>; ODA_drinkingwater <drinkingwater@oda.oregon.gov>; Ian Stromquist <ian.stromquist@hoodrivercounty.gov>
Subject: Lost Lake Resort Well L158177 - Water Rights Requirements

You don't often get email from evan.e.hofeld@oha.oregon.gov. [Learn why this is important](#)

Hi Robert,

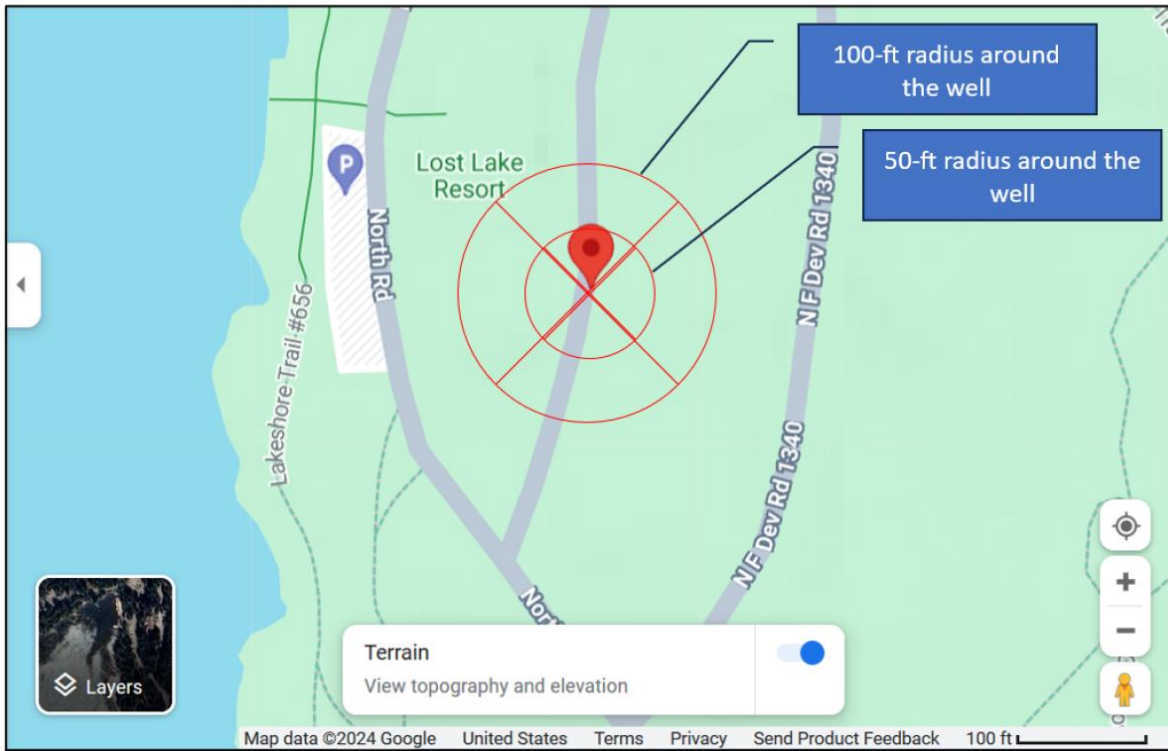
I just wanted to check that if there is an exempt use map for a new well, does that mean that the well does not need water rights?

Here is a link to the exempt use map for well L158177:
https://apps.wrd.state.or.us/apps/misc/vault/vault.aspx?Type=ExemptUseOwnerMap&wl_tag_nbr=151877

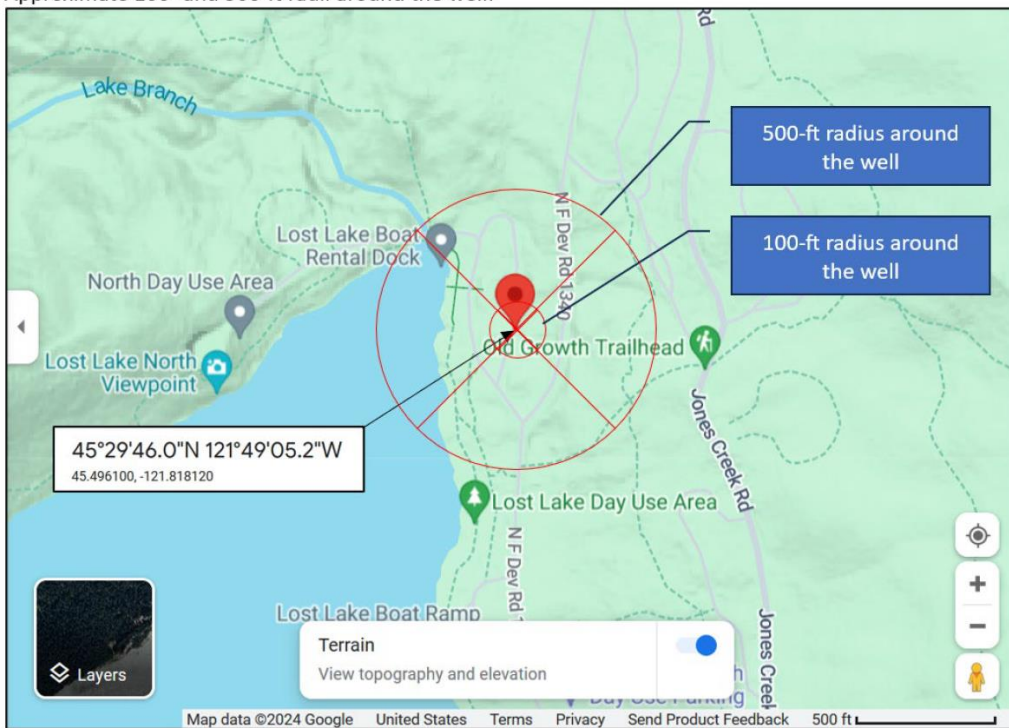
Well L158177 was drilled on 11/7/23 at Lost Lake Resort and is intended (not hooked up yet) to serve:

- 1) A fish cleaning station
- 2) The [resort general store](#)
- 3) [6 lodge rooms located above the general store \(20 people total at max occupancy\)](#)
- 4) [6 spigots serving some cabins/yurts/a-frames all without internal plumbing \(max occupancy of 50 people if all units are full\)](#)
- 5) A "generator building" – housing a backup power generator
- 6) A hose bib in the wellhouse for sampling
- 7) "RV 2" and "RV 3" – two RV hookups I believe

Approximate 50- and 100-ft radii around the well:




Approximate 100- and 500-ft radii around the well:



Well testing water quality results taken prior to the well alteration:

The following test results taken 5/14/24 were received on 5/23/24 and demonstrate coliform bacteria, nitrate, and arsenic were not detected, however, the results were taken prior to the well alteration on 6/14/24.

 Columbia LABORATORIES <small>A Tentamus Company</small>		12423 NE Whitaker Way Portland, OR 97230 503-254-1794	Report Number: 24-005328/D001.R00 Report Date: 05/16/2024 ORELAP#: OR100028 Purchase Order: Project Name: Routine TC May 2024 Project No: 41 92627
PWS#: 4192627 PWS Name: USFS Lost Lake Camp Ground City, County: Hood River, Hood River County Phone: 541-386-6366 Fax:		ORELAP#: OR100028 Lab Name: Columbia Laboratories, LLC. Address: 12423 NE Whitaker Way Portland, OR 97230 Phone/Fax: 503-254-1794 / 503-254-1452	
Return address to report: Name: Trent Weseman Address: P.O. Box 90 City, State, Zip: Hood River, Oregon, 97031		Bottle#: <input type="checkbox"/> Results do not meet NELAP Standard Lab Sample ID#: 24-005328-0001	
Sample Collection Date/Time 05/14/2024 01:47 PM Collected By: Client		Chlorinated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Free Chlorine:	
DISTRIBUTION SampleType <input type="checkbox"/> Routine <input type="checkbox"/> *Repeat <input type="checkbox"/> Temporary Routine <input type="checkbox"/> Special *Date of Initial Positive: *Original Positive ID#: Sampled at: Well #1 Address:			
SOURCE SampleType: <input type="checkbox"/> Triggered <input type="checkbox"/> *Confirmation <input type="checkbox"/> Assessment <input checked="" type="checkbox"/> Special *Date of Initial Positive: *Original Positive ID#: Source ID: Source name:			
LAB USE ONLY Sample Received Date/Time: 05/15/2024 11:43 AM Initials: SMA Temp: 8.7°C Evidence of Cooling? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Analysis Start Date/Time: 05/15/2024 04:40 PM Initials: IKL			
ORELAP Method(s): <input checked="" type="checkbox"/> Colilert® <input checked="" type="checkbox"/> Colilert-18 <input type="checkbox"/> Colisure <input type="checkbox"/> Chromocult® <input type="checkbox"/> Coliscan® <input type="checkbox"/> ReadyCult® <input type="checkbox"/> SM 9221 B (MTF) + <input type="checkbox"/> E or <input type="checkbox"/> F <input type="checkbox"/> SM 19th Ed. <input type="checkbox"/> SM 20th Ed. <input type="checkbox"/> SM 21st Ed. <small>Check all that apply</small> <input type="checkbox"/> SM 9221 D (P-A-M) + <input type="checkbox"/> E or <input type="checkbox"/> F <input type="checkbox"/> SM 9222 B (MF) + <input type="checkbox"/> 9221E or <input type="checkbox"/> 9221F or <input type="checkbox"/> 9222G <input checked="" type="checkbox"/> SM 9223 <input type="checkbox"/> ColiTag® <input type="checkbox"/> MI agar <input type="checkbox"/> m-ColiBlue® Other:			
Test Results: Total Coliforms: <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent E Coli: <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent		Analysis Complete Date/Time: 05/16/2024 10:42 AM Analyst: SWH Review by: IKL Date: 05/16/2024	
Reported By: Derrick Tanner, General Manager Report Date: 05/16/2024			


Sample Invalidation:

Over 30 hours
 Leak
 Heavy non-coliform grow
 Other


± = TNI accredited analyte.

Order 24-005328

Test results relate only to the parameters tested and to the units unless otherwise noted. This report shall not be reproduced or used for any other purpose without prior arrangements have been made.

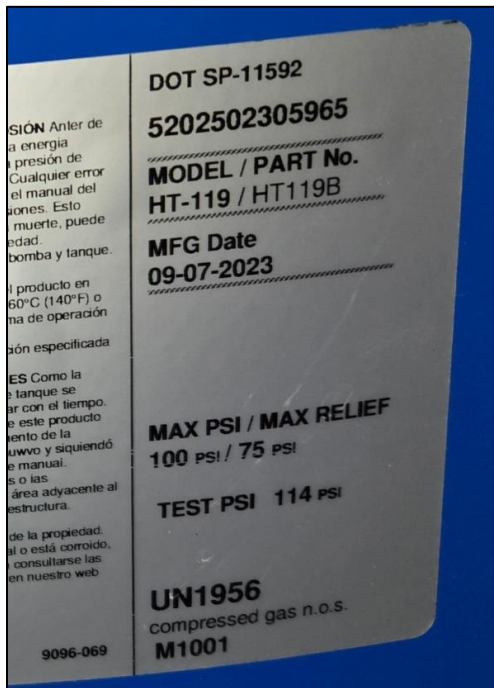

 Columbia LABORATORIES <small>A Tentamus Company</small>		12423 NE Whitaker Way Portland, OR 97230 503-254-1794	Report Number: 24-005341/D003.R000 Report Date: 05/23/2024 ORELAP#: OR100028 Purchase Order: Well Test Project Name: Project No:						
Sample Invalidation: <input type="checkbox"/> Over 30 hours <input type="checkbox"/> Leak <input type="checkbox"/> Heavy non-coliform grow <input type="checkbox"/> Other		± = TNI accredited analyte. Order 24-005328 <small>Test results relate only to the parameters tested and to the units unless otherwise noted. This report shall not be reproduced or used for any other purpose without prior arrangements have been made.</small>							
Sample Results									
Sample: Well Head #1 Lab ID: 24-005341-0001		Collected: 5/14/24 13:47 Received: 5/15/24 11:43	Temp: 8.7 °C Evidence of Cooling: Y Matrix: Drinking Water						
Method: EPA 200.8 in mg/l									
Analyte	Result	Limit	Units	LOQ	Dil.	Batch	Start/Extract	Analyzed	Notes
Arsenic [±]	< LOQ	0.010	mg/l	0.0010	1.00	2403805		05/17/24 12:52	
Method: EPA300.0									
Analyte	Result	Limit	Units	LOQ	Dil.	Batch	Start/Extract	Analyzed	Notes
Nitrate as N [±]	< LOQ	10.000	mg/l	0.0500	1.00	2403810		05/15/24 19:06	
Units of Measure mg/l = milligrams per liter									
Abbreviations LOQ Limit of quantification									

119-gallon Water Worker HT-119B pressure tank:




Vertical Precharged Well Tank								
Model	Tank Volume (Gallons)	Plain Steel Equivalent (Gallons)	UPC (642031)	Ship Weight (lbs.)	Package Dimensions (Inches)			Sys. Conn. NPTF* (Inches)
					Length	Width	Height	
HT-14B	14	30	613110	22	16	16	26	1
HT-20B	20	42	613134	27	16	16	33	1
HT-30B	26	42	613141	35	16	16	40	1
HT-32B	32	82	613158	47	16	16	47	1
HT-44B	44	120	613165	58	23	23	37	1-1/4
HT-62B	62	120	613172	75	23	23	48	1-1/4
HT-86B	86	220	613189	96	27	27	49	1-1/4
HT-119B	119	315	613196	132	27	27	63	1-1/4

*Threaded Metal Elbow with Stainless Steel Insert.

Water Worker well tanks are specifically engineered to provide a buffer of clean, fresh, pressurized water that reduces pump cycling, saves energy and improves system performance. Made in the USA, Water Worker well tanks feature colorful, informative packaging, are easy to install and are designed to provide years of trouble free service.

- Complete line-up offers direct-fit replacement for most installed systems,
- Meets NSF® Standard 61 requirements for clean, safe drinking water,
- Maximum working pressure: 100 psi.
- Maximum operating temperature: 200°F.
- Factory pre-charge: 38 psi.
- Made in the USA.
- 5-year warranty,



Strong steel shell, with weather-resistant paint system, protects the tank from the elements.
 Heavy-duty diaphragm has seamless construction for uniform strength.
 Diaphragm is designed to flex, rather than stretch or crease, for extra long life.
 Waterway is welded to the tank to provide a reliable, watertight seal.
 Durable steel base for strong support.
 Air valve can be serviced without moving or replacing the entire tank.
 Diaphragm and polypropylene liner meet NSF 61 requirements for potable water.
 Watertight liner and diaphragm provide a corrosion-resistant water reservoir.
 Threaded metal elbow with stainless steel insert.

Well Log Link: [HOOD_51295 – Amended 7/12/24](#)

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Amended 7/12/2024
STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

HOOD 51295
11/13/2023

WELL ID, LABEL# L 151877
START CARD # 1070925
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company LOST LAKE RESORT
 Address 9000 LOST LAKE RD
 City HOOD RIVER State OR Zip 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 584.00 ft.
BORE HOLE SEAL sacks/lbs

Dia	From	To	Material	From	To	Amt	lbs
10	0	19	Bentonite Chips	0	19	25	S
6	19	585				Calculated	25
						Calculated	

 Seal placement method A B C D E Other: POURED
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Type _____ Amount _____
 Seal Placement Begin Date 10/17/2023 Begin Time 11 00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	4	22	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____

Perf/ Screen	Casing/ Screen	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
20		580	3

 Temperature 57 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 35 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County HOOD RIVER Twp 1.00 S N/S Range 8.00 E E/W WM
 Sec 10 NW 1/4 of the SW 1/4 Tax Lot 8710
 Tax Map Number _____ Lot _____
 Lat _____ " or 45.49610000 DMS or DD
 Long _____ " or -121.81812000 DMS or DD
 Street address of well Nearest address
9000 LOST LAKE RD, HOOD RIVER, OR 97031

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	<u>11/7/2023</u>		<u>5</u>

 Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 12

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
<u>11/6/2023</u>	<u>540</u>	<u>585</u>	<u>20</u>		<u>5</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
Fill Gravel	0	1
Broken Brown Basalt with Clay	1	10
Brown San and Gravel with Boulders	10	21
Gray Basalt Hard	21	54
Brown Basalt Broken	54	91
Gray Basalt Hard	91	157
Brown Basalt Broken med/soft	157	234
Gray Basalt	234	307
Brown Basalt med	307	421
Black Basalt hard	421	477
Brown Basalt soft	477	492
Black Basalt hard	492	585

 Construction Begin Date 10/17/2023 Begin Time 08 00 End Date 11/7/2023

(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 2053 Date 11/13/2023
 Signed MATT GOLEC (E-filed)
 Contact Info (optional) Matt Golec

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

HOOD 51295

11/13/2023

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)988-0900



LOCATION OF WELL

Latitude: 45.49610000 Datum: WGS84

Longitude: -121.81812000

Township/Range/Section/Quarter-Quarter Section:
WM1.00S8.00E10NW/SW

Address of Well:

9000 LOST LAKE RD, HOOD RIVER, OR 97031

Well Label: 151877

Printed: November 13, 2023

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



Well Log Link: [HOOD 51313 \(alteration – amended 6/27/24\)](#)

Amended 6/27/2024 Page 1 of 2
STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.545 & 537.765 and OAR 690-205-0210) HOOD 51313 WELL I.D. LABEL# I 151877
 6/21/2024 START CARD # 1072685
 ORIGINAL LOG # HOOD RIVER 51295

(1) LAND OWNER Owner Well I.D.
 First Name Last Name
 Company LOST LAKE RESORT
 Address 9000 LOST LAKE RESORT
 City HOOD RIVER State OR Zip 97031

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Pstc	Wld	Thrd
Casing: 6		4	22	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Seal: Bentonite Chips

Material	From	To	Amount	sacks/lbs
	0	22	25	Sacks

(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 _____ ft.

Dia	From	To	Material	SEAL	From	To	Amount	sacks/lbs
			cement		5	105	9	S
								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 _____ Begin Time _____

(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	4		5	105	sch40	stl			<input checked="" type="checkbox"/>		

Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____
 Perf/ Casing/ Screen _____ Scm/slot Slot # of Tele/ Screen Liner Dia From To width length slots Pipe size

Perf/	Casing/	Screen	Dia	From	To	width	length	slots	Pipe size
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(8) WELL TESTS: Minimum testing time is 1 hour

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
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Temperature 57 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 250 ppm

From	To	Description	Amount	Units
------	----	-------------	--------	-------

(9) LOCATION OF WELL (legal description)
 County HOOD RIVER Twp 1.00 S N/S Range 8.00 E E/W WM
 Sec 10 NW 1/4 of the SW 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ " or 45.49610000 DMS or DD
 Long _____ " or -121.81812000 DMS or DD
 Street address of well Nearest address
 9000 LOST LAKE RESORT, HOOD RIVER, OR 97031

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
	6/11/2024			6
Completed Well	6/14/2024			6

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
6/11/2024	540	585	20			6

(11) WELL LOG Ground Elevation

Material	From	To
----------	------	----

Construction Begin Date 6/11/2024 Begin Time 12:00 End Date 6/14/2024

(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 2053 Date 6/21/2024
 Signed MATT GOLEC (E-filed)
 Drilling Company: Pacific Geotechnical Solutions

ORIGINAL - WATER RESOURCES DEPARTMENT
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WATER SUPPLY WELL REPORT -
 continuation page

HOOD 51313

WELL I.D. LABEL# I	151877
START CARD #	1072685
ORIGINAL LOG #	HOOD RIVER 51295

6/21/2024

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Pistc	Wld	Thrd
4		5	105	sc40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Material	From	To	Amt	sacks/lbs
Cement	5	105	9	Sacks

Water Quality Concerns

From	To	Description	Amount	Units

(5) BORE HOLE CONSTRUCTION

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

FILTER PACK			
From	To	Material	Size

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Location

(7) PERFORATIONS/SCREENS

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

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

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

(10) STATIC WATER LEVEL

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

(11) WELL LOG

Material	From	To

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

Assistant Name	Type	#

Comments/Remarks

Performed repair of well tag# L151877 by cementing in 4" sch-40 steel pipe from 5'-105'.

