

May 15, 2025

Trent Weseman  
[trent@lostlakeresort.org](mailto:trent@lostlakeresort.org)  
Lost Lake Resort  
5530 Imai RD  
Hood River, OR 97031

*Letter sent via e-mail only*

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

Dear Mr. Weseman:

On May 14, 2025 our office received confirmation that the above project (assigned plan review [#142-2019](#)) was completed according to the plans submitted and conditions set forth in the [July 23, 2024 conditional approval letter](#).

Under OAR 333-061-0060(1)(b), submittals must be prepared by a Professional Engineer registered in Oregon, unless exempted by DWS. **An exemption from engineered plans 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.

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).

**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>.

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.

All new systems must undergo a Capacity Assessment, which was completed concurrently with this plan review process. **No significant deficiencies were found.**

This verification completes the plan review requirements. **Final approval is issued at this time, and the facility is approved for use.** The remainder of this letter includes a system description, well evaluation, and testing results.

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](mailto:evan.e.hofeld@oha.oregon.gov).

Sincerely,



Evan Hofeld, PE  
Oregon Health Authority – Drinking Water Services

cc: Tommy Laird – Well Construction Prog. Coordinator, Oregon Water Resources Dept.  
503-302-8618, [Tommy.K.LAIRD@water.oregon.gov](mailto:Tommy.K.LAIRD@water.oregon.gov)

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

Robert Wood – District 3 Water Master, Oregon Water Resources Dept.  
541-506-2652, [Robert.L.WOOD@water.oregon.gov](mailto:Robert.L.WOOD@water.oregon.gov)

Sarah Schwab – Oregon Dept. of Agriculture  
503-508-6828, [Sarah.SCHWAB@oda.oregon.gov](mailto:Sarah.SCHWAB@oda.oregon.gov)

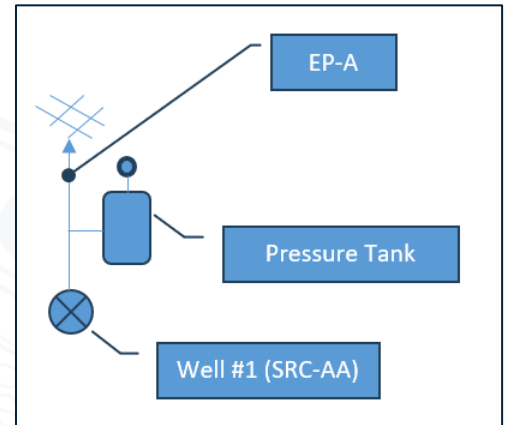
Ian Stromquist – Hood River Co. Env. Health  
541-387-7130, [ian.stromquist@hoodrivercounty.gov](mailto:ian.stromquist@hoodrivercounty.gov)

Eric Ganshert – Permit Administrator, USDA  
541-352-1231, [Eric.ganshert@usda.gov](mailto:Eric.ganshert@usda.gov)

Josh Seerup – Oregon Health Authority – Drinking Water Services  
(503) 812-4193, [Josh.Seerup@oha.oregon.gov](mailto:Josh.Seerup@oha.oregon.gov)

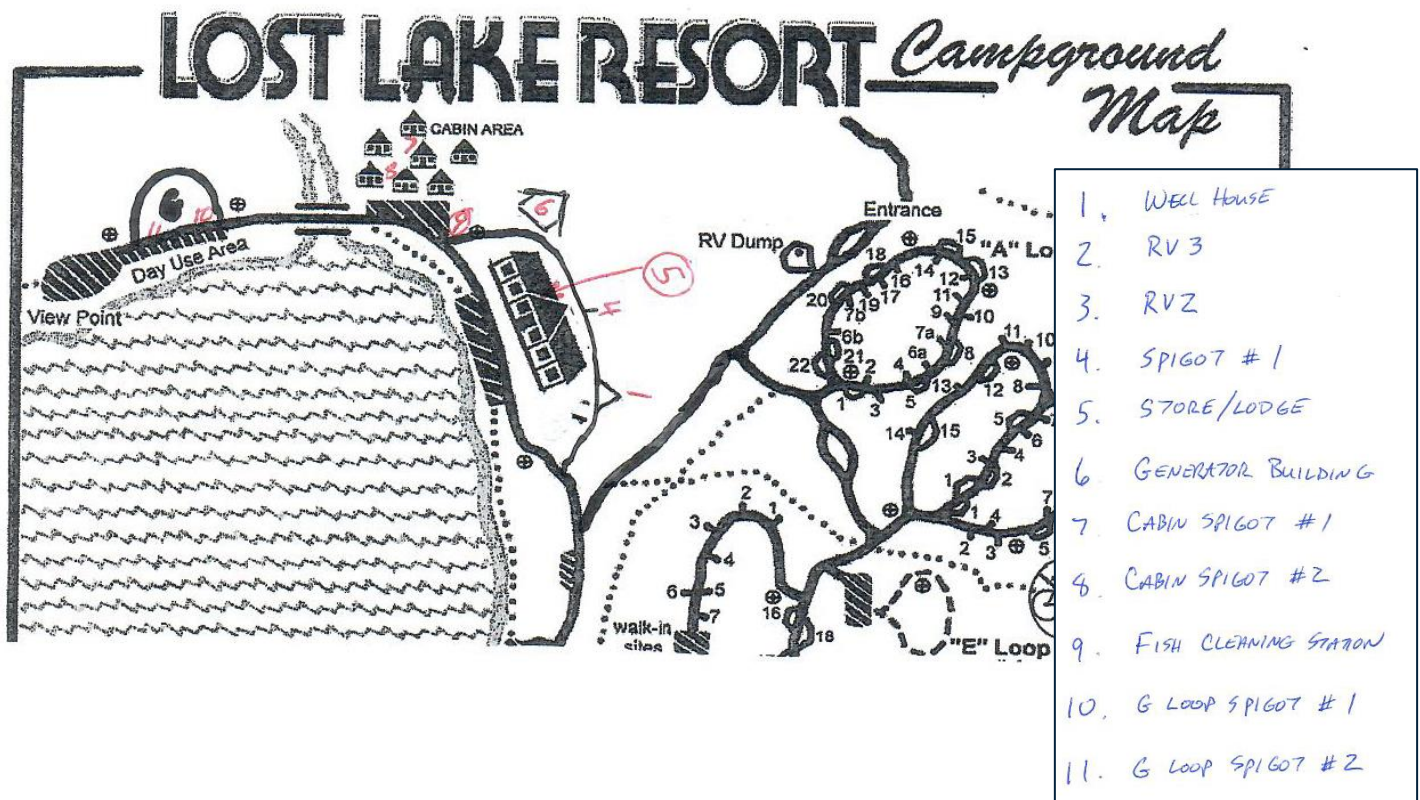
### Water System Description - Lost Lake Resort (PWS #95743)

The water system includes a single pitless adapter well originally drilled 11/7/2023 ([L1517877](#), [HOOD51295](#)). The well was subsequently altered on 6/14/2024 to meet Oregon Water Resources Department standards ([HOOD51313](#) received 7/12/24). The system also has 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).

### Map showing facilities served by the well





### ***Water system and regulatory contact information***

The following outlines who will regulate each of the two water systems Trent Weseman operates.

1. Lost Lake Resort (95743, GW): ODA-[Joshua Teamus](mailto:Joshua.Teamus@oda.oregon.gov), 541-968-9500, [Joshua.TEAMUS@oda.oregon.gov](mailto:Joshua.TEAMUS@oda.oregon.gov)
  - ODA is the regulatory agency with direct oversight over the Lost Lake Resort part of the water system served by the well (Water System ID# [95743](#)).
2. Lost Lake Campground (92627, SW): OHA-[Josh Seerup](mailto:Josh.Seerup@oha.oregon.gov), 503-812-4193, [Josh.Seerup@oha.oregon.gov](mailto:Josh.Seerup@oha.oregon.gov)
  - The surface water system serving Lost Lake Campground (Water System ID# [92627](#)) is directly overseen by Josh Seerup with Oregon Health Authority – Drinking Water Services.

#### Water System Contact info:

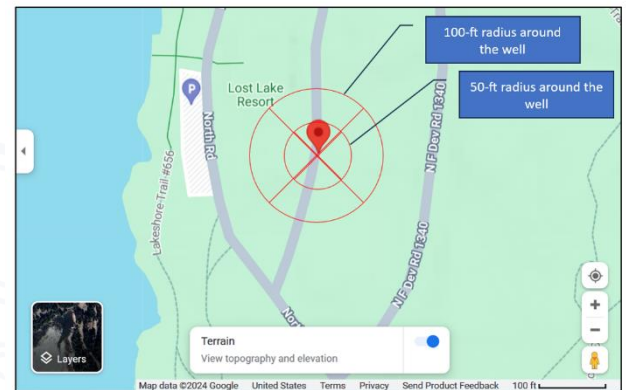
- Trent Weseman (water system owner/operator)  
[trent@lostlakeresort.org](mailto:trent@lostlakeresort.org)  
General Manager  
Lost Lake Resort and Campground  
5330 Imai Road,  
Hood River, OR. 97031  
Cell 541 806 6081
- Eric Ganshert (USDA)  
[Eric.ganshert@usda.gov](mailto:Eric.ganshert@usda.gov)  
Mountain Resort Team Permit Administrator  
Forest Service – Mt. Hood National Forest  
6780 Oregon Highway 35, Parkdale, Oregon 97041  
[www.fs.usda.gov/mt.hood](http://www.fs.usda.gov/mt.hood)  
Fax: 541-352-7365  
P: 541-352-1231  
C: 907-382-0719



### Roadway setback waiver request

A waiver request form was submitted to allow the existence of an existing roadway near the well. Although the well is located within 50-ft of the road as shown in the map to the right, this was allowed under [OAR 333-061-0050\(2\)\(a\)\(D\)](#) as the well was determined to be adequately constructed into a confined aquifer in a well evaluation completed by Russ Kazmierczak (OHA-DWS) on July 22, 2024.

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



### Constructed Well Evaluation Results

The original well (HOOD51295) was deemed by the Oregon Water Resources Department to have been originally constructed with an inadequate seal in a letter dated December 15, 2023 (see next page) and was subsequently altered to correct this deficiency. The alteration of the pitless adapter well (well tag# L151877) included cementing in a 4" sch-40 steel pipe from 5'-105' into a confined aquifer and was completed on 6/14/24 per the alteration well log (HOOD51313).

The well logs ([HOOD51295](#) & [HOOD51313](#)) were submitted to our geologist, Russ Kazmierczak, for evaluation on July 14, 2024. Mr. Kazmierczak completed his evaluation on July 22, 2024 finding that the well is now 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  $\geq 5\text{mg/L}$  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.

**Well seal determination for the pre-altered well (HOOD51295)**



**Oregon**

Tina Kotek, Governor

Water Resources Department  
North Central Region  
116 SE Dorion Ave  
Pendleton, OR 97801  
(541) 278-5456  
[www.oregon.gov/owrd](http://www.oregon.gov/owrd)

December 15, 2023

Matt Golec WWC# 2053  
Pacific Foundation  
1400 Columbia Street  
Vancouver, Wa 98660  
360-200-6608

**SUBJECT: HOOD 51295**

Mr. Golec,

It has come to the State of Oregon Water Resources Department's attention that a water supply well, **HOOD 51295**, Start Card 1070925 was improperly constructed for landowner Lost Lake Resort on the property located at 9000 Lost Lake Rd., Hood River, Oregon. According to the well report the well is in Township 1 south, Range 8 east, section 10 within tax lot 100 of the Willamette meridian.

During a report review of the well, (**HOOD 51295**), on 12/08/2023, it was recognized the depth of seal was short. The casing and seal depth does not meet current well construction standards under **Oregon Administrative Rule (OAR) 690-210-0150, Sealing of Water Supply Wells in Consolidated Formations**. **HOOD 51295** needs to be sealed continuously from land surface to the appropriate depth.

This correspondence is to inform you, as the bonded well constructor, that this well does not comply with the current minimum well construction standards and should be repaired or permanently abandoned. The present condition of the well is in violation of **Oregon Revised Statute (ORS) 537.775 Wasteful or Defective wells and OARs 690-210-150 Sealing of Water Supply Wells in Consolidated Formations**.

You must address the construction deficiencies of this well within 30 days of the date of this letter by either:

- (1) Filing an Alteration Start Card and submitting a repair plan to Tommy Laird, Well Construction and Compliance Program Coordinator, at 503 302-8618 or via email [tommy.k.laird@wateroregon.gov](mailto:tommy.k.laird@wateroregon.gov).

or

- (2) Filing an abandonment Start Card and permanently decommissioning this well.

Please notify me, as soon as possible with your plans to address these well construction issues. Additionally, please provide me with at least one-week advance notice prior to any repair or abandonment work taking place on this well. Failure to comply with this request may result in formal enforcement action and the assessment of civil penalties.

If you have any questions, please contact me at (541) 969-9896 or via email at [shaun.p.finn@water.oregon.gov](mailto:shaun.p.finn@water.oregon.gov)

Regards,

Shaun Finn  
Well Inspector-North Central Region  
Oregon Water Resources Field Services Division

cc: Kristopher Byrd      Well Construction and Compliance Section Manager  
Travis Kelly      Well Construction Compliance Coordinator  
Tommy Laird      Well Construction Program Coordinator  
Chris Kowitz      North Central Regional Manager  
Buffy Madrigal-Adams      Well Licensing Program Specialist

## 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 2<sup>nd</sup> 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.

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](mailto: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:

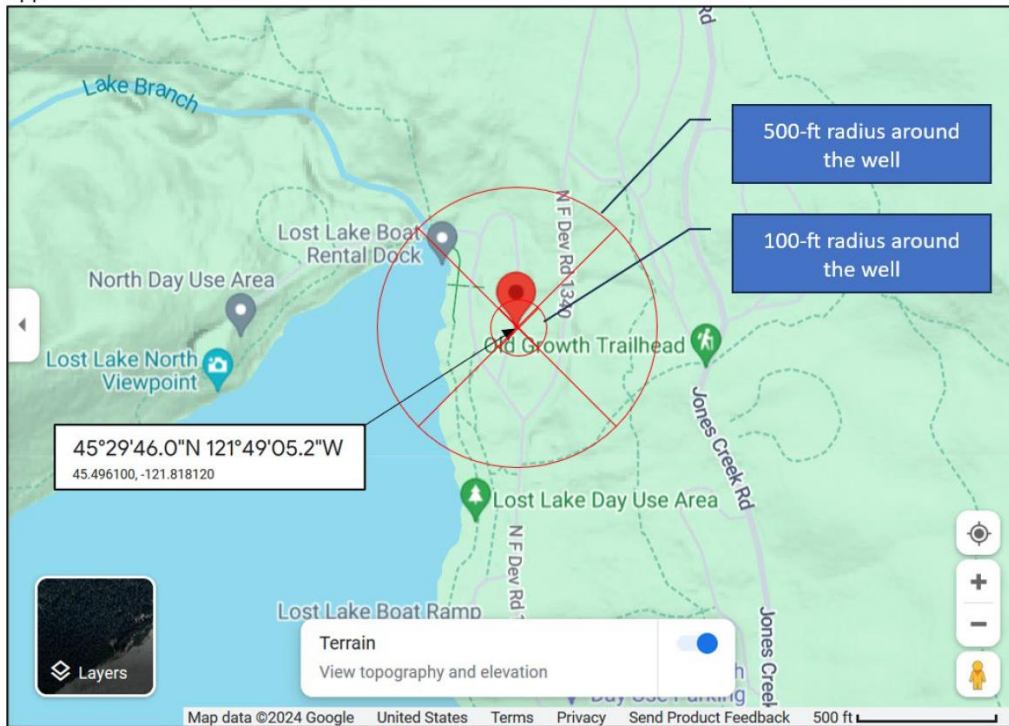
[https://apps.wrd.state.or.us/apps/misc/vault/vault.aspx?Type=ExemptUseOwnerMap&wl\\_tag\\_nbr=151877](https://apps.wrd.state.or.us/apps/misc/vault/vault.aspx?Type=ExemptUseOwnerMap&wl_tag_nbr=151877)

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

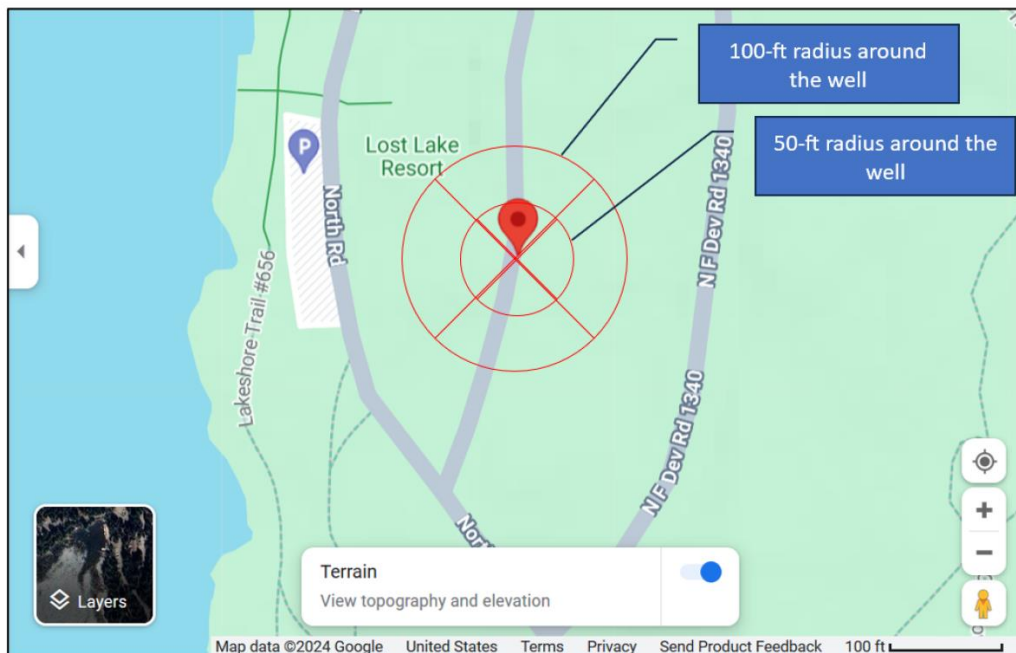
- 1) A fish cleaning station
- 2) The [resort general store](#)
- 3) [6 lodge rooms located above the general store \(20 people total at max occupancy\)](#)
- 4) [6 spigots serving some cabins/yurts/a-frames all without internal plumbing \(max occupancy of 50 people if all units are full\)](#)
- 5) A "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 100- and 500-ft radii around the well:

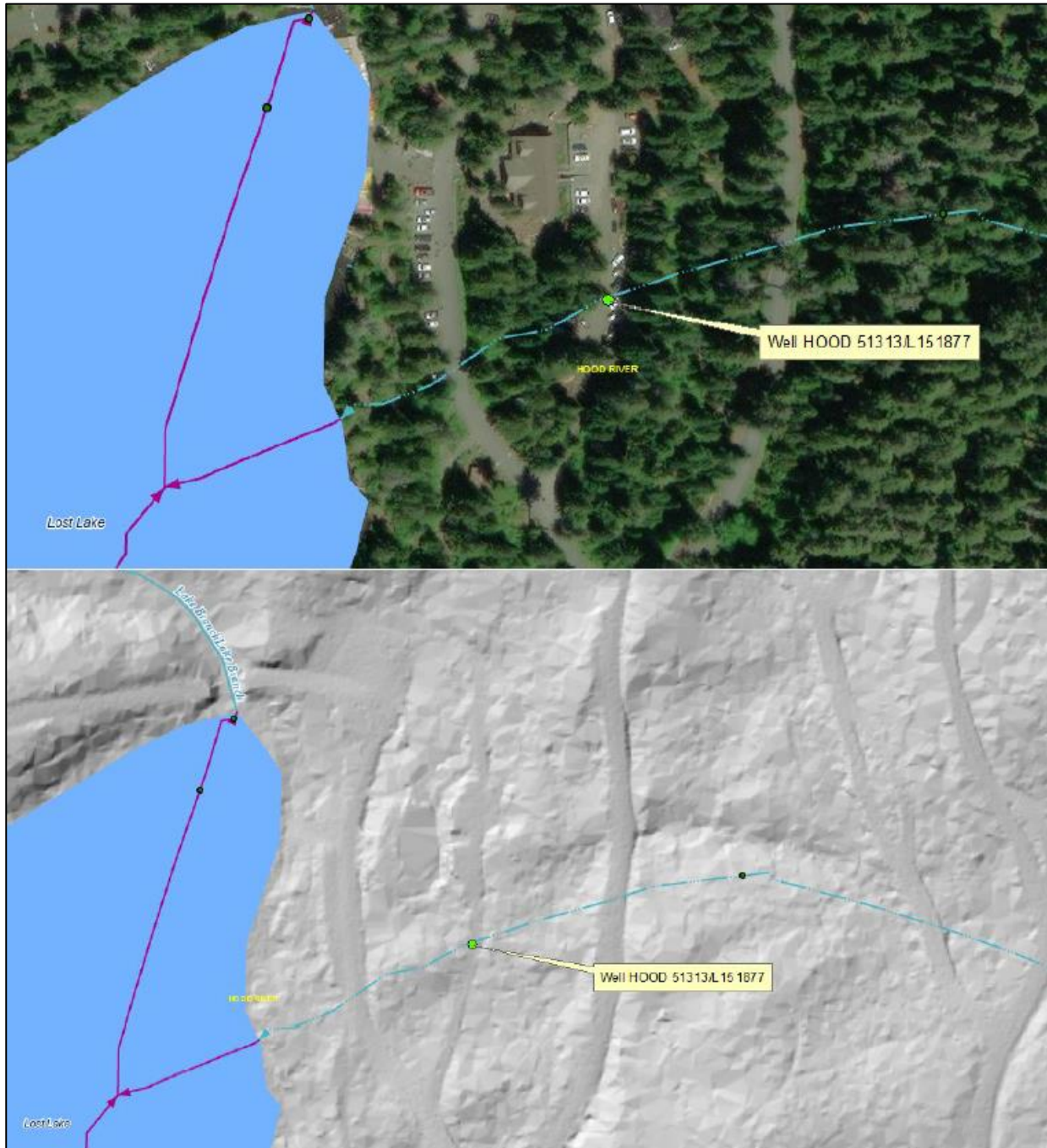


Approximate 50- and 100-ft radii around the well:






## Well Location



**Roadway setback waiver request received 4/7/25**

Public Health Division – Drinking Water Services			
Kate Brown, Governor			

**Application for Waiver from Construction Standards for Public Water Systems**

Water System Name	Lost Lake Resort	PWS ID	95743
Project or Facility	Well #1 (L15877)	County	Hood River
Need for waiver identified:	<input type="checkbox"/> Water System Survey	Date of Survey	N/A
	<input checked="" type="checkbox"/> Plan Review # 142-2019		

Construction standard requested to be waived: OAR 333-061-0050 (2)(a) pertaining to a roadway within 100-ft of a well.


As provided under OAR 333-061-0055, the Department may grant waivers from the construction standards prescribed by these rules:

- (a) When it is demonstrated to the satisfaction of the Department that strict compliance with the rule would be highly burdensome or impractical due to special conditions or causes; and
- (b) When the public or private interest in the granting of the waiver is found by the Department to clearly outweigh the interest of the application of uniform rules; and
- (c) When alternate measures are provided which, in the opinion of the Department, will provide adequate protection to the health and safety of the public including the ability to produce water which does not exceed the maximum contaminant levels listed in rule 333-061-0030.

Describe situation that conflicts with the standard. The well is located within 50-ft of the North Road loop as shown in the enclosed maps.

Describe why meeting the standard is highly burdensome or impractical. The water system is operated under a concessionaire contract with the USFS with limited control over developments within the resort. The well and roadways are already in place on USFS land and their placement had already been approved by USFS.

Describe proposed alternate measure that provide adequate protection to public health and safety. 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. The well is located near the campground host located on the same loop of the North Road, which is primarily used for local access by park staff only.

 Signature	3/30/25 Date
--	-----------------

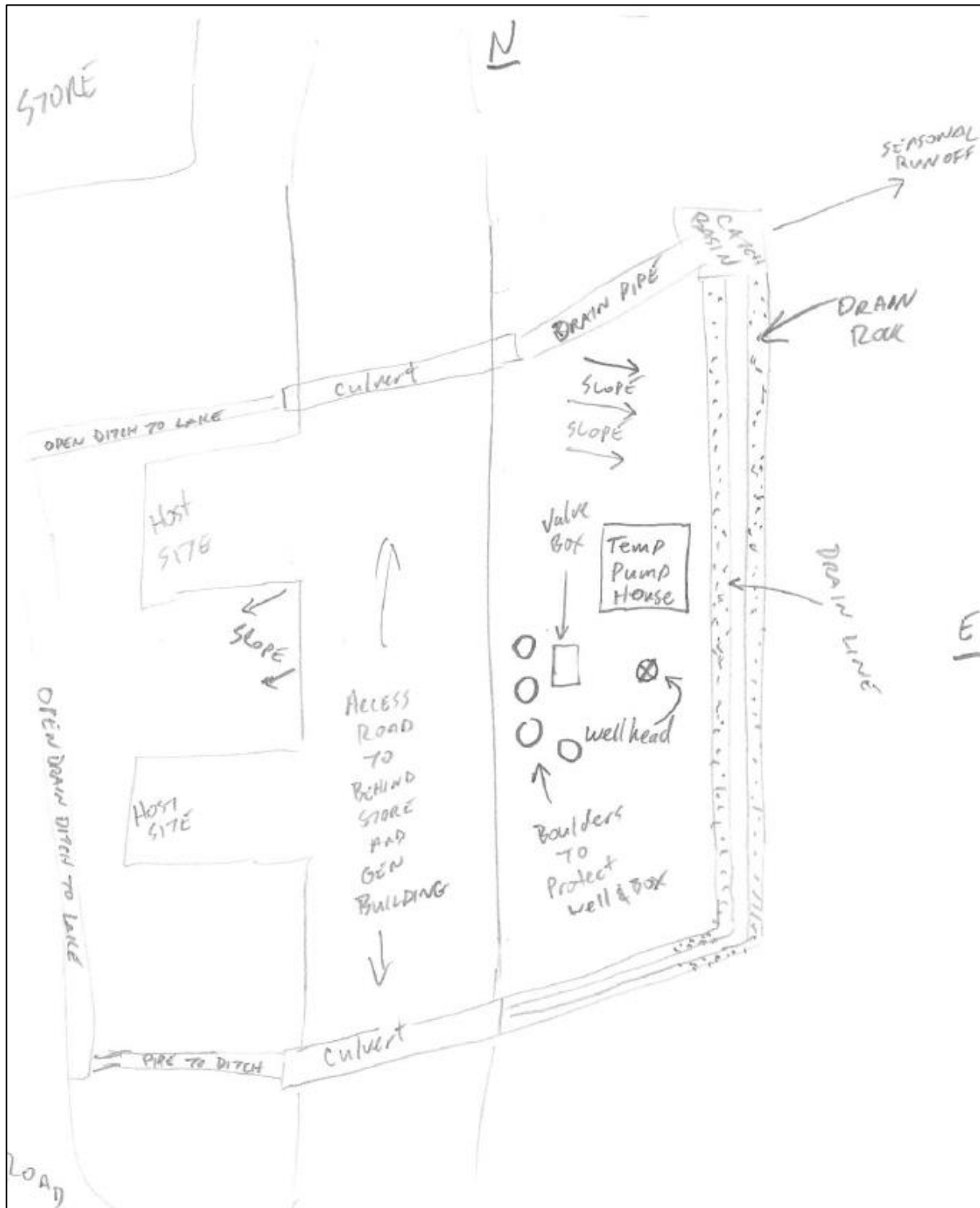
Name Trent Weseman  
Address 5530 Imai Road  
City/State/Zip Hood River, OR 97031

Attach plans of proposed waiver request or additional supporting information and

- Email your regulator; or
- Email [dws.planreview@dhsosha.state.or.us](mailto:dws.planreview@dhsosha.state.or.us); or
- Mail:  
Oregon Health Authority  
Drinking Water Services #640  
PO Box 14450  
Portland, OR 97293-0450

1 of 2


**Map submitted with the roadway setback waiver request**







**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.

 <b>Columbia LABORATORIES</b> <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#: <u>4192627</u> PWS Name: <u>USFS Lost Lake Camp Ground</u> City, County: <u>Hood River, Hood River County</u> 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: <u>Trent Weseman</u> Address: <u>P.O. Box 90</u> City, State, Zip: <u>Hood River, Oregon, 97031</u>		Bottle#: <input type="checkbox"/> Results do not meet NELAP Standard Lab Sample ID#: <u>24-005328-0001</u>			
Sample Collection Date/Time: 05/14/2024 01:47 PM Collected By: <u>Client</u>		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#:					
Address: Sampled at: <u>Well #1</u>					
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:					
<b>LAB USE ONLY</b>					
Sample Received Date/Time: 05/15/2024 11:43 AM Initials: <u>SMA</u> Temp: <u>8.7</u> °C Evidence of Cooling? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Analysis Start Date/Time: 05/15/2024 04:40 PM Initials: <u>IKL</u>					
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® Check all that apply: <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. <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: <u>SWH</u> Review by: <u>IKL</u> Date: 05/16/2024			
Reported By: <u>Derrick Tanner, General Manager</u>		Report Date: 05/16/2024			
Sample Invalidation: <input type="checkbox"/> Over 30 hours <input type="checkbox"/> Leak <input type="checkbox"/> Heavy non-coliform grow <input type="checkbox"/> Other		<b>DHS USE ONLY</b> Test results relate only to the parameters tested and to the samples as received by the laboratory. Test results meet all requirements of NELAP unless otherwise noted. This report shall not be reproduced, except in full, without the written consent of this laboratory. Send results to: DHS-DWP P.O. Box 14350, Portland OR 97293-0350			
Order 24-005328 <small>Test results relate only to the parameters tested and to the samples unless otherwise noted. This report shall not be reproduced, except in full, without the written consent of this laboratory.</small>					

 <b>Columbia LABORATORIES</b> <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:					
									
<b>Sample Results</b>									
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									



800 NE Oregon St., Ste 640, Portland, OR 97232-2162


Voice: 971-673-0405 | Fax: 503-673-0694

All relay calls accepted | [www.healthoregon.org/dws](http://www.healthoregon.org/dws)

**Well testing water quality results taken after the well alteration:**

The following test results taken 4/23/25 of the raw well water (SRC-AA) were received on 5/14/25 and demonstrate coliform bacteria and arsenic were not detected. Although not required to be sampled for transient non-community systems, sampling for lead on 4/23/25 showed a slight detection at 0.4 ppb (0.0004 mg/l), which is well below the 10-ppb lead action level. Nitrate sampled 8/6/24 was also non-detect for nitrate.

 <b>Columbia</b> LABORATORIES A Tentamus Company		12423 NE Whitaker Way Portland, OR 97230 503-254-1794		<b>Report Number:</b> 25-004340/D005.R000 <b>Report Date:</b> 05/01/2025 <b>ORELAP#:</b> OR100028 <b>Purchase Order:</b> <b>Project Name:</b> <b>Project No:</b> 41 92627					
									
<b>Sample Results</b>									
<b>Sample:</b> Lost Lake Well <b>Lab ID:</b> 25-004340-0001		<b>Collected:</b> 2025-04-23 11:00 <b>Received:</b> 2025-04-24 10:50		<b>Temp:</b> 6.5 °C <b>Evidence of Cooling:</b> Y <b>Matrix:</b> Drinking Water					
<b>Method:</b> SM9223B Coli-18									
<b>Analyte</b>	<b>Result</b>	<b>Limit</b>	<b>Units</b>	<b>LOQ</b>	<b>Dil.</b>	<b>Batch</b>	<b>Start/Extract</b>	<b>Analyzed</b>	<b>Notes</b>
E. coli -	Absent	Absent	/100 mL		1.00	2502958	04/24/25 16:46	04/25/25 11:17	
Total Coliform -	Absent		/100 mL		1.00	2502958	04/24/25 16:46	04/25/25 11:17	
<b>Sample Results</b>									
<b>Sample:</b> Lost Lake Well <b>Lab ID:</b> 25-004340-0002		<b>Collected:</b> 2025-04-23 11:00 <b>Received:</b> 2025-04-24 10:50		<b>Temp:</b> 6.5 °C <b>Evidence of Cooling:</b> Y <b>Matrix:</b> Drinking Water					
<b>Method:</b> EPA 200.8 in mg/l									
<b>Analyte</b>	<b>Result</b>	<b>Limit</b>	<b>Units</b>	<b>LOQ</b>	<b>Dil.</b>	<b>Batch</b>	<b>Start/Extract</b>	<b>Analyzed</b>	<b>Notes</b>
Arsenic -	< LOQ	0.010	mg/l	0.0010	1.00	2503028		04/28/25 11:03	
Lead -	0.0004	0.015	mg/l	0.0002	1.00	2503028		04/28/25 11:03	
<b>Units of Measure</b> mg/l = milligrams per liter /100 mL = per 100 milliliter <b>Abbreviations</b> LOQ Limit of quantification ± = TNI accredited analyte.									

 <b>Columbia</b> LABORATORIES A Tentamus Company		12423 NE Whitaker Way Portland, OR 97230 503-254-1794		<b>Report Number:</b> 24-008533/D001.R00 <b>Report Date:</b> 08/13/2024 <b>ORELAP#:</b> OR100028			
<b>Oregon Drinking Water Program Chemical Analysis Report</b>							
<b>Water System Information:</b>			<b>Sample Information: Well House Spigot</b>				
PWS ID: 4192627			Collection Date: 8/6/24		Collection Time: 08:55 AM		
PWS Name: USFS Lost Lake Camp Ground EP FOR LOS			Sample Point: EP-A				
PWS Address: P.O. Box 90 Hood River, OR 97031			<b>All compliance samples to be taken at Entry Point (EP).          This is after treatment (if any) and prior to first user.</b>				
			Sample/Lab ID: 24-008533-0001				
			Notes:				
Analytical results meet all NELAC requirements unless otherwise noted *separate forms needed for each analyzing lab							
<b>Inorganic Chemicals</b>							
<b>Code</b>	<b>Contaminant</b>	<b>MCL mg/L</b>	<b>Analysis mg/L</b>	<b>LOQ</b>	<b>Method</b>	<b>Date/Time</b>	<b>Notes</b>
1040	Nitrate as N <sup>-</sup>	10	< LOQ	0.0500	EPA300.0	08/06/24 10:36 PM	
Laboratory ID: OR100028 <b>Abbreviations:</b> LOQ: Level of Quantification NA (Not Analyzed): In the results column indicates this compound was not included in the current analysis. MCL: Maximum Contamination Level (Limit) - The water is considered safe for drinking if the analytical results are below this federal recommended action level. ND: None Detected at or above the Level of Quantification. Units of Measure mg/l = milligrams per liter ± = TNI accredited analyte.							

800 NE Oregon St., Ste 640, Portland, OR 97232-2162

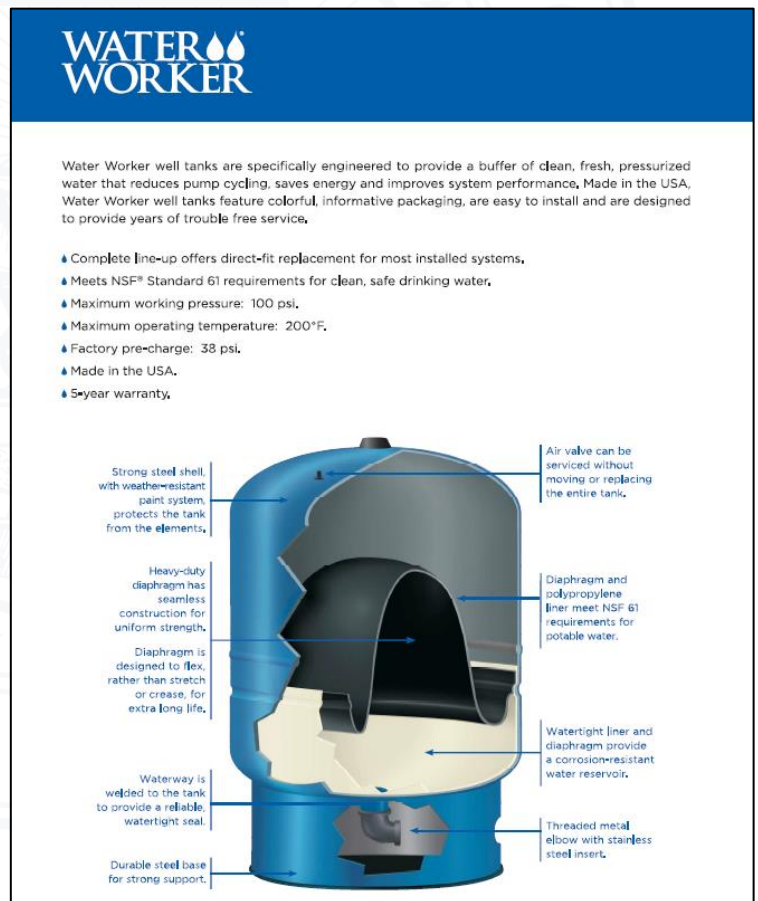
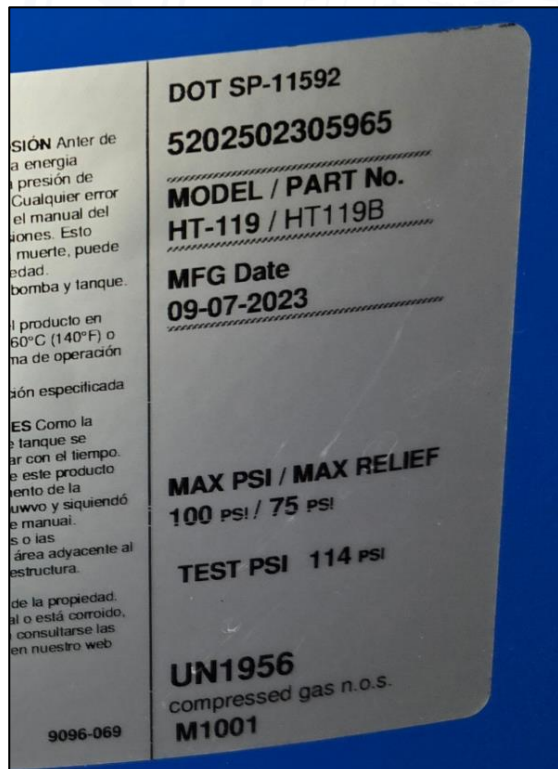
Voice: 971-673-0405 | Fax: 503-673-0694

All relay calls accepted | [www.healthoregon.org/dws](http://www.healthoregon.org/dws)

## 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.





Old sample raw water sample location



New raw water sample location



Wellhouse photo taken 8/3/24



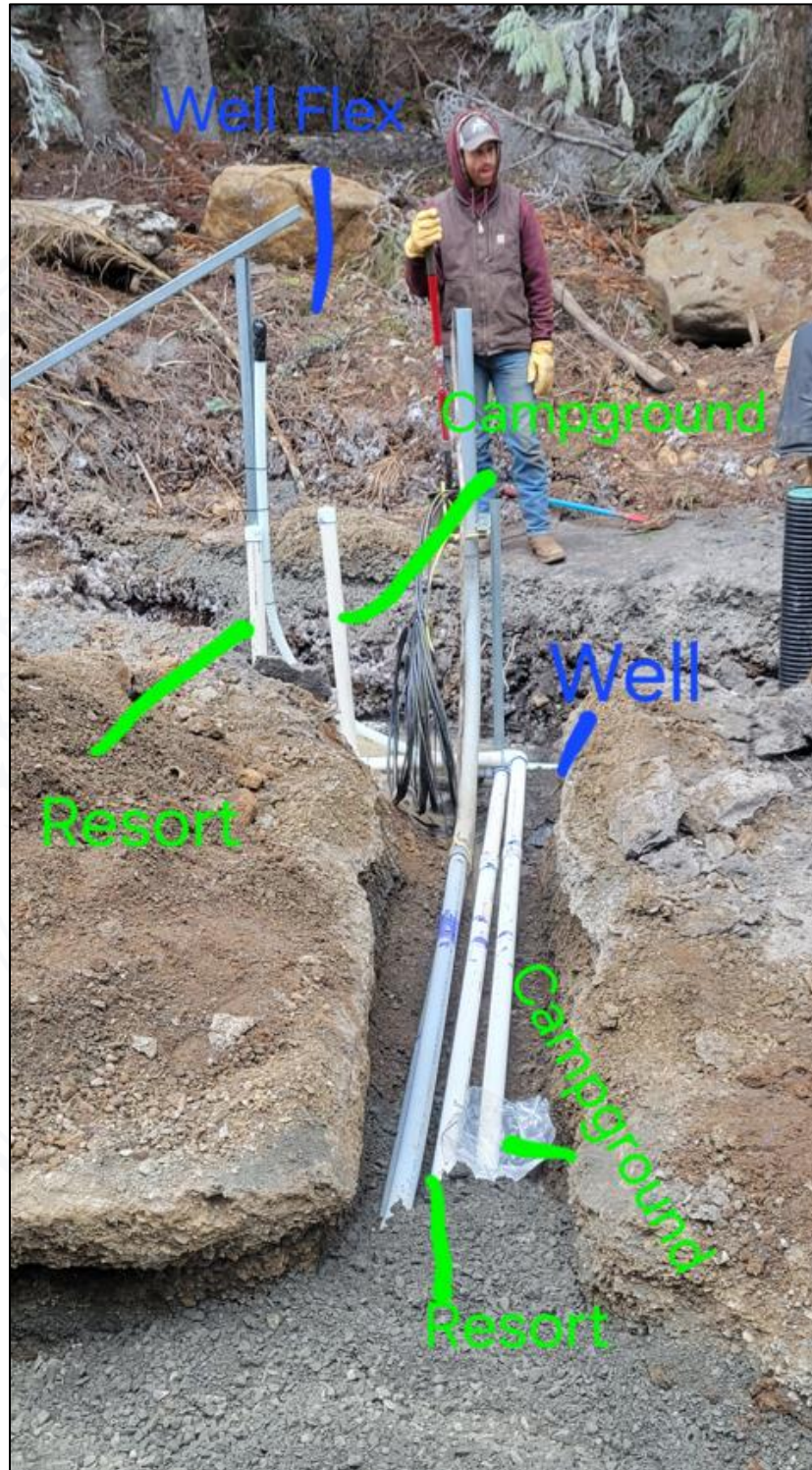


Wellhead photos taken 8/3/24

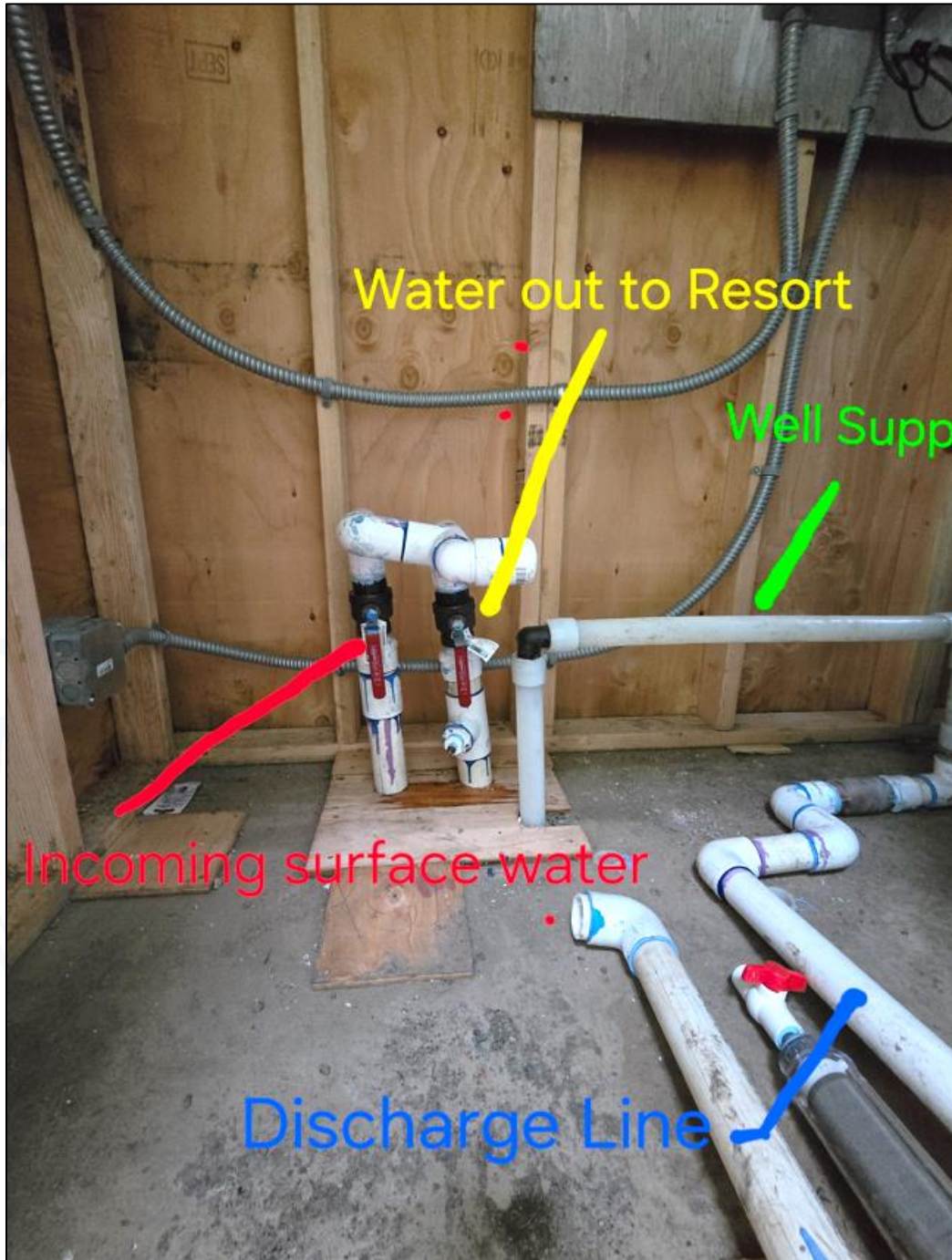




Exterior piping (photo taken 11/29/23 prior to physical separation of treated SW and GW)



Wellhouse piping (photo taken 8/3/24 prior to physical separation of treated SW and GW)





2023 Well Log Link: [HOOD 51295 – Amended 7/12/24](#)

Amended 7/12/2024 <b>STATE OF OREGON</b> <b>WATER SUPPLY WELL REPORT</b> <small>(as required by ORS 537.545 &amp; 537.765 and OAR 690-205-0210)</small>		<b>HOOD 51295</b> <b>11/13/2023</b>	<b>WELL ID, LABEL# L</b> 151877 <b>START CARD #</b> 1070925 <b>ORIGINAL LOG #</b>	Page 1 of 4																																																																																	
<b>(1) LAND OWNER</b> First Name _____ Last Name _____ Company <u>LOST LAKE RESORT</u> Address <u>9000 LOST LAKE RD</u> City <u>HOOD RIVER</u> State <u>OR</u> Zip <u>97031</u>		<b>(9) LOCATION OF WELL (legal description)</b> County <u>HOOD RIVER</u> Twp <u>1.00</u> S N/S Range <u>8.00</u> E E/W W M Sec <u>10</u> NW 1/4 of the SW 1/4 Tax Lot <u>8710</u> Tax Map Number _____ Lot _____ Lat _____ or <u>45.49610000</u> DMS or DD Long _____ or <u>-121.81812000</u> DMS or DD ⑥ Street address of well ⑦ Nearest address <u>9000 LOST LAKE RD, HOOD RIVER, OR 97031</u>																																																																																			
<b>(2) TYPE OF WORK</b> <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Deepening <input type="checkbox"/> Conversion <input type="checkbox"/> Alteration (complete 2a & 10) <input type="checkbox"/> Abandonment (complete 5a)		<b>(10) STATIC WATER LEVEL</b> Date _____ SWL (psi) _____ + SWL (ft) _____ Existing Well / Pre-Alteration _____ Completed Well <u>11/7/2023</u> _____ + _____ Flowing Artesian? <input type="checkbox"/> Dry Hole? <input type="checkbox"/> <b>WATER BEARING ZONES</b> Depth water was first found <u>12</u> SWL Date From To Est Flow SWL (psi) + SWL (ft) <table border="1" style="width:100%;"><tr><td>11/6/2023</td><td>540</td><td>585</td><td>20</td><td></td><td>5</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			11/6/2023	540	585	20		5																																																																											
11/6/2023	540	585	20		5																																																																																
<b>(2a) PRE-ALTERATION</b> Dia + From To Gauge Stl Plstc Wld Thrd Casing: _____ Material From To Amt sacks/lbs Seal: _____		<b>(11) WELL LOG</b> Ground Elevation _____ <table border="1" style="width:100%;"><thead><tr><th>Material</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>Fill Gravel</td><td>0</td><td>1</td></tr><tr><td>Broken Brown Basalt with Clay</td><td>1</td><td>10</td></tr><tr><td>Brown Sand and Gravel with Boulders</td><td>10</td><td>21</td></tr><tr><td>Gray Basalt Hard</td><td>21</td><td>54</td></tr><tr><td>Brown Basalt Broken</td><td>54</td><td>91</td></tr><tr><td>Gray Basalt Hard</td><td>91</td><td>157</td></tr><tr><td>Brown Basalt Broken med/soft</td><td>157</td><td>234</td></tr><tr><td>Gray Basalt</td><td>234</td><td>307</td></tr><tr><td>Brown Basalt med</td><td>307</td><td>421</td></tr><tr><td>Black Basalt hard</td><td>421</td><td>477</td></tr><tr><td>Brown Basalt soft</td><td>477</td><td>492</td></tr><tr><td>Black Basalt hard</td><td>492</td><td>585</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>			Material	From	To	Fill Gravel	0	1	Broken Brown Basalt with Clay	1	10	Brown Sand 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																																										
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<b>(3) DRILL METHOD</b> <input checked="" type="checkbox"/> Rotary Air <input type="checkbox"/> Rotary Mud <input type="checkbox"/> Cable <input type="checkbox"/> Auger <input type="checkbox"/> Cable Mud <input type="checkbox"/> Reverse Rotary <input type="checkbox"/> Other _____		<b>(5a) ABANDONMENT USING UNHYDRATED BENTONITE</b> Proposed Amount _____ Actual Amount _____																																																																																			
<b>(4) PROPOSED USE</b> <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Community <input type="checkbox"/> Industrial/ Commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Dewatering <input type="checkbox"/> Thermal <input type="checkbox"/> Injection <input type="checkbox"/> Other _____		<b>(6) CASING/LINER</b> Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd <table border="1" style="width:100%;"><tr><td>6</td><td>4</td><td>22</td><td>250</td><td></td><td></td><td></td><td></td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Shoe <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Other _____ Location of shoe(s) _____ Temp casing <input type="checkbox"/> Yes Dia _____ From + _____ To _____			6	4	22	250																																																																													
6	4	22	250																																																																																		
<b>(5) BORE HOLE CONSTRUCTION</b> Depth of Completed Well <u>584.00</u> ft. Special Standard <input type="checkbox"/> (Attach copy) <table border="1" style="width:100%;"><thead><tr><th>Dia</th><th>From</th><th>To</th><th>Material</th><th>SEAL</th><th>From</th><th>To</th><th>Amt</th><th>sacks/lbs</th></tr></thead><tbody><tr><td>10</td><td>0</td><td>19</td><td>Bentonite Chips</td><td>0</td><td>19</td><td>25</td><td>S</td><td></td></tr><tr><td>6</td><td>19</td><td>585</td><td></td><td></td><td></td><td>Calculated</td><td>25</td><td></td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>Calculated</td><td> </td><td> </td></tr></tbody></table> Seal placement method <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E <input type="checkbox"/> Other: POURED Backfill placed from _____ ft. to _____ ft. Material _____ Filter pack from _____ ft. to _____ ft. Material _____ Size _____ Explosives used: <input type="checkbox"/> Type _____ Amount _____ Seal Placement Begin Date <u>10/17/2023</u> Begin Time <u>11</u> : <u>00</u>		Dia	From	To	Material	SEAL	From	To	Amt	sacks/lbs	10	0	19	Bentonite Chips	0	19	25	S		6	19	585				Calculated	25								Calculated			<b>(7) PERFORATIONS/SCREENS</b> Perforations Method _____ Screens Type _____ Material _____ <table border="1" style="width:100%;"><thead><tr><th>Perf/ Screen</th><th>Casing/ Screen</th><th>Dia</th><th>From</th><th>To</th><th>Scr/slot width</th><th>Slot length</th><th># of slots</th><th>Tele/ pipe size</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>			Perf/ Screen	Casing/ Screen	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size																																				
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<b>(8) WELL TESTS: Minimum testing time is 1 hour</b> <input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input checked="" type="checkbox"/> Air <input type="checkbox"/> Flowing Artesian <table border="1" style="width:100%;"><tr><th>Yield gal/min</th><th>Drawdown</th><th>Drill stem/Pump depth</th><th>Duration (hr)</th></tr><tr><td>20</td><td></td><td>580</td><td>3</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> Temperature <u>57</u> °F Lab analysis <input type="checkbox"/> Yes By _____ Water quality concerns? <input type="checkbox"/> Yes (describe below) TDS amount <u>35</u> ppm From _____ To _____ Description _____ Amount _____ Units _____		Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)	20		580	3									<b>(unbonded) Water Well Constructor Certification</b> 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 _____ <b>(bonded) Water Well Constructor Certification</b> 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 <u>2053</u> Date <u>11/13/2023</u> Signed <u>MATT GOLEC (E-filed)</u> Contact Info (optional) <u>Matt Golec</u>																																																																			
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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.																																																																																					



Tag# L151877

**PACIFIC**  
 GEOTECHNICAL SOLUTIONS, INC.

1400 Columbia St. Vancouver, WA 98660  
 www.pacific-geotechnical.net  
 phone: (360) 200-6608

Customer: Trent Wejeman Job Number: 23016  
 Project Address: 9000 Lost Lake Resort Today's Date: 10/17/23  
 Start Shift: 6:00 End Shift: 3:00  
 Casing Size: 4.5.49615 Depth: 121.81810 Bore Hole Diameter: 10 Depth: 21

**FORMATIONS & DEPTHS:**

0-1	Fill Gravel	
1-10	Broken Brown basalt w/ clay	PH 8.0
	severely broken	Hardness .5
10-21	Brown sand, gravel, & boulders	iron 2
21-54	Gray Basalt Hard	TDS 35
54-96	Brown Basalt broken	
91-157	Gray Basalt hard	
157-234	Brown Basalt slightly broken med/soft	
234-307	Gray Basalt	
307-421	Brown Basalt med	
421-477	Black Basalt Hard	
477-492	Brown Basalt soft	
492-584	Black Basalt Hard	

**DRILLING LOG:**

6:00 - 10:30 Loading & yard & driving to job. set-up rig  
 10:30 - 12:00 Set-up & drill 10" RHT to 21" rock collapsing in hole from 12-21 pulled bit out  
 12:00 - 3:00 Pulling to main landing up 10" casing to install in an

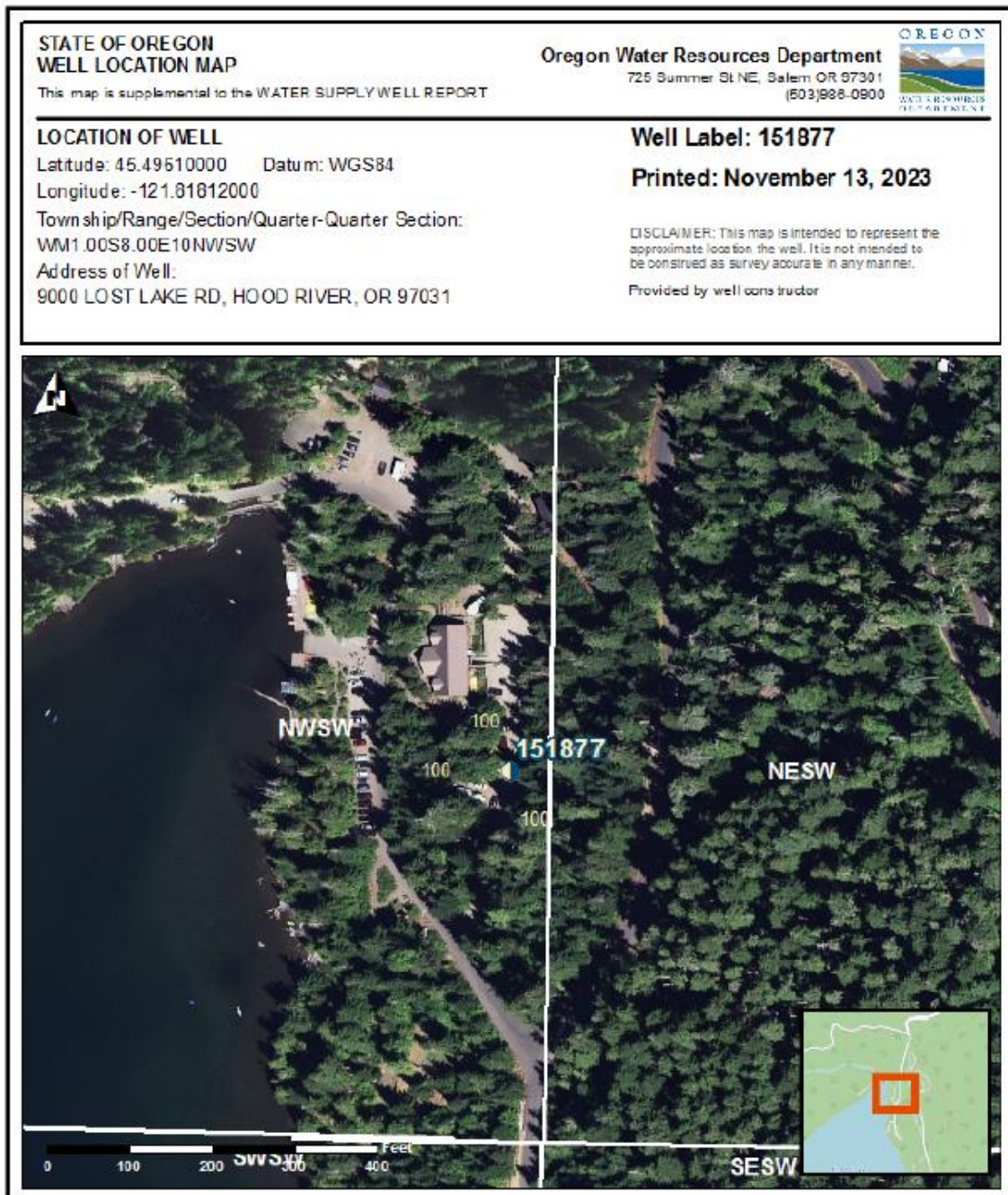
DRILLER'S SIGNATURE: [Signature]

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



800 NE Oregon St., Ste 640, Portland, OR 97232-2162

Voice: 971-673-0405 | Fax: 503-673-0694

All relay calls accepted | [www.healthoregon.org/dws](http://www.healthoregon.org/dws)



2024 Well Log Link: [HOOD\\_51313 \(alteration – amended 6/27/24\)](#)

[illegible]

800 NE Oregon St., Ste 640, Portland, OR 97232-2162

Voice: 971-673-0405 | Fax: 503-673-0694


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[illegible]



### 34 gpm well pump test



OREGON  
WATER  
RESOURCES  
DEPARTMENT

**PUMP TEST FORM**  
**DATA SHEET**  
 Page 1 of 1

WELL LOG # (EX: MAR1 999999)	WELL TAG # (EX: L-999999)	WELL NAME OR # Lost Lake	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED Nov 2023	TEST DATE 6-24-24
---------------------------------	------------------------------	-----------------------------	------------	----------------	--------------------------	----------------------

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
6-24	12:00	2	4'	34 gpm	Pre-test			0' Drawdown
	12:05		4'	34	Pre-test			
	12:10		4'	34	Pre-test			
	12:15		4'	34				
	12:20		4'					
	12:25		4'					
	12:30		4'					
	12:35		4'					
	12:40		4'					
	12:45		4'					
	12:50		4'					
	12:55		4'					
	1:00		4'					
	1:05		4'					
	1:10		4'					
	1:15		4'					
	1:20		4'					
	1:25		4'					
	1:30		4'					
	1:35		4'					
	1:40		4'					
	1:45		4'					
	1:50		4'					
	1:55		4'					
	2:00		4'					
	2:05		4'					
	2:10		4'	34 gpm				



### USFS Approval (4/16/25 email)

From: **Ganshert, Eric - FS, OR** <[Eric.Ganshert@usda.gov](mailto:Eric.Ganshert@usda.gov)>  
Date: Wed, Apr 16, 2025 at 3:41 PM  
Subject: RE: [External Email]CE - LL  
To: jason taylor <[realisright@gmail.com](mailto:realisright@gmail.com)>, Bill Granger <[bill@re-alignenv.com](mailto:bill@re-alignenv.com)>, Derek DeBorde <[deborded@gmail.com](mailto:deborded@gmail.com)>, Trent Weseman <[trent@lostlakeresort.org](mailto:trent@lostlakeresort.org)>


Hi Everyone,

I may have not made it clear during the busyness of getting the new permit signed, but there will not be a new CE for the well.

It was determined that a new CE wouldn't be appropriate to cover work that has already been completed, so in order to move forward with the installed infrastructure the situation was documented in the permit file using the letter sent from Meta last fall which outlined the work and described the correct process for future projects. The well was officially authorized, when it was included in the authorized improvements appendix in your new permit.

The well is ready for use and we are prepared to receive an updated SF299 for the new pumphouse project.

### Project Final Approval Request Form – received 4/18/25

		Drinking Water Services Project Final Approval Request Form		<a href="#">Print</a>
Project Name <u>Lost Lake Resort L151877</u>		PR# _____		
Public Water System ID# <u>41-</u>				
PWS Name <u>95743</u>		<a href="#">Click to locate PWS ID#</a>		
		YES	NO	DATE
1. Was the project undertaken? If so, what was the starting date?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>04/24/2025</u>
2. If project was not undertaken, has the project been abandoned?		<input type="checkbox"/>	<input type="checkbox"/>	
3. Was the project completed? If so, when?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>10/24/2024</u>
If project not complete, estimated completion date: _____				
4. If completed, was the work accomplished in conformance with all conditions listed in the Conditional Approval letter and DWS Construction Standards, Oregon Administrative Rule (OAR) 61-0050? In the comments below or on a separate sheet please make clear how all conditions specified in the Conditional Approval letter were met.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. If the project was completed, were there any differences between what is shown on the plans and what was actually installed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. If the completed project is different from what is shown on the plans, were the plans modified to show as-built conditions?		<input type="checkbox"/>	<input type="checkbox"/>	
7. Have as-builts been sent to Drinking Water Services? NOTE: As-builts are not required if there were no significant changes noted in 5.		<input type="checkbox"/>	<input type="checkbox"/>	
8. Are the facilities operating? If so, starting when?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>          </u>
Signature of Engineer _____		Date _____		
Name _____		OR PE# _____		
Firm _____		Phone _____		
Comments _____				
Revised date 10/2021 <span style="float: right;">Page 1 of 2</span>				