



Burlington, WA Corporate Laboratory (a)
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Page 1 of 1

Drinking Water Report

Client Name: Star Water Systems, Inc
250 Market Street
Lebanon, OR 97355

Reference Number: **22-30709**

Report Date: 9/20/22

Approved By: bj,rap

Authorized by:

Sarah P Miller
Lab Manager, Corvallis

Project: Latimer Well L145711
Field ID: Well Head
Sample Description: SE white Oak Dr. Lot A Corvallis
Sample Date: 9/13/22 13:50

Lab Number: OR100009-59658
Date Received: 9/14/22
Sampled By: Carter
Sampler Phone:

CAS Number	Analyte	Result	MCL	Pass [^]	Lab	QL	Units	Analyzed
Coli-To-t	TOTAL COLIFORM	Absent		Pass	d	P/A	per 100m	9/16/22
68583-22-2	E. Coli	Absent		Pass	d	Y/N	per 100m	9/16/22
14797-55-8	NITRATE-N	ND	10	Pass	d	1.0	mg/L	9/14/22
7440-38-2	ARSENIC	ND	0.010	Pass	a	0.001	mg/L	9/16/22

Notation:

MCL = Maximum Contaminant Level, maximum permissible level of a contaminant in water established by EPA; Federal Action Levels are 0.015 mg/L for Lead and 1.3 mg/L for Copper. Sodium has a recommended limit of 20 mg/L. A blank MCL value indicates a level is not currently established.

QL = Quantitation Limit is the lower calibration concentration.

ND = Not detected above the listed specified reporting limit (QL).

CAS Number = Chemical Abstract Service Number is a unique identifier of the chemical tested.

[^] = 'PASS', indicates that the parameter tested meets EPA, State, or local jurisdiction MCL.

An * in front of the parameter name indicates it is not NELAP accredited but it is accredited through OR DEQ or USEPA Region 10.

These test results meet all the requirements of NELAC, unless otherwise stated in writing, and relate only to these samples.
If you have any questions concerning this report contact Lawrence Henderson at the above phone number.

FORM: ShortList.rpt

STAR WATER SYSTEMS, INC.

250 MARKET ST.
LEBANON, OR 97355
PH. 451-3298 FAX 259-3297

Well Flow Test Report

Report For: **Kyle Latimer**
PO Box 310
Lebanon, OR 97355

Test Date: **September 13, 2022**

Well Site: **SE White Oak Rd.**
LOT A / WELL ID L145711
Corvallis, OR

Requested By: **Kyle Latimer**

Location of Well on Property: **East of existing shop/barn**

Well type: **Drilled** Casing size: **6"** Casing is: **13** Inches **Above** Ground

Well depth if known: **85'** Sanitary seal: **Yes** Sanitary vent: **Yes**

Type of pump: **Submersible** HP: **1.5** Make: **Goulds** Model: **18GS15**

Was pump part of permanent system: **No**

Flow measuring equipment: **Bucket**

Water level measuring equipment: **Electronic probe**

Samples Collected: Coliform ☒ Nitrate ☒ Arsenic ☒ Lead ☐ General ☒
Other:

Test Time	Flow Rate	Gallons Pumped	Water Level	Back Pressure	Comments
	GPM				
Start: 1:00	24	0	11	45	Orange Water
15 min.	24	360	14	45	Light Orange
30 min.	24	720	15	45	Clear Water
45 min.	24	1080	16	45	Clear Water
1 hour	24	1440	17	45	Clear Water
1 1/2 hours					
2 hours					
2 1/2 hours					
3 hours					
3 1/2 hours					
4 hours					

Total Gallons Pumped: **1440**

Recovery After: **5** Min. To: **11** Feet

Comments:

THIS TEST DATA IS ACCURATE FOR THE DATE TAKEN. WE MAKE NO CLAIMS AS TO THE PERFORMANCE OF THIS WELL AT ANY OTHER TIME.

Data collected by: **cs**
Star Water Systems, Inc. CCB# 51054

STAR WATER SYSTEMS, INC.

250 MARKET ST.
LEBANON, OR 97355
PH. 451-3298 FAX 259-3297

" Customer Water analysis "

Date Received: 9-13-22 Received by: cs

Name: Kyle Latimer Phone #: _____

Address: SE White Oak Rd. LOT A City, State, Zip: Corvallis, OR

Sample Source: well head L145711 Customer Complaint: _____

RAW ☒

PH 8.0

Hardness 13 GPG

Iron 2.0 PPM

T.D.S. 295 PPM

Color: Clear ☒ Cloudy ☐ Colored ☐ Other: _____

Odor: None ☒ Musty ☐ Metallic ☐ Rotten Eggs ☐

Stain Color: Red ☐ Blue / Green ☐ Black / Brown ☐

Iron Bacteria: Non-visible ☐ Yes ☐

Notes: _____

FILTERED ☐

PH _____

Hardness _____ GPG

Iron _____ PPM

T.D.S. _____ PPM

Color: Clear ☐ Cloudy ☐ Colored ☐ Other: _____

Odor: None ☐ Musty ☐ Metallic ☐ Rotten Eggs ☐

Stain Color: Red ☐ Blue / Green ☐ Black / Brown ☐

Iron Bacteria: Non-visible ☐ Yes ☐

Notes: _____

Pump type & size: _____ Tank type & size: _____

Recommendation: _____

Estimated Cost: _____

Analysis by: cs Date: 9-13-22 CCB# 51054

PPM = parts per million
GPG = grains per gallon



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Page 1 of 1

Drinking Water Report

Client Name: Star Water Systems, Inc
250 Market Street
Lebanon, OR 97355

Reference Number: **22-30708**

Report Date: 9/20/22

Approved By: bj,rap

Authorized by:

Sarah P Miller
Lab Manager, Corvallis

Project: Latimer Well L145707

Field ID: Well Head

Sample Description: Lot B SE White Oak Rd. Corvallis

Sample Date: 9/13/22 15:45

Lab Number: OR100009-59657

Date Received: 9/14/22

Sampled By: Carter

Sampler Phone:

CAS Number	Analyte	Result	MCL	Pass [^]	Lab	QL	Units	Analyzed
Coli-To-t	TOTAL COLIFORM	Absent		Pass	d	P/A	per 100m	9/16/22
68583-22-2	E. Coli	Absent		Pass	d	Y/N	per 100m	9/16/22
14797-55-8	NITRATE-N	ND	10	Pass	d	1.0	mg/L	9/14/22
7440-38-2	ARSENIC	ND	0.010	Pass	a	0.001	mg/L	9/16/22

Notation:

MCL = Maximum Contaminant Level, maximum permissible level of a contaminant in water established by EPA; Federal Action Levels are 0.015 mg/L for Lead and 1.3 mg/L for Copper. Sodium has a recommended limit of 20 mg/L. A blank MCL value indicates a level is not currently established.

QL = Quantitation Limit is the lower calibration concentration.

ND = Not detected above the listed specified reporting limit (QL).

CAS Number = Chemical Abstract Service Number is a unique identifier of the chemical tested.

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FORM: ShortList.rpt

STAR WATER SYSTEMS, INC.

250 MARKET ST.
LEBANON, OR 97355
PH. 451-3298 FAX 259-3297

Well Flow Test Report

Report For: **Kyle Latimer**
PO Box 310
Lebanon, OR 97355

Test Date: **September 13, 2022**

Well Site: **SE White Oak Rd.**
LOT B / WELL ID L145707
Corvallis, OR

Requested By: **Kyle Latimer**

Location of Well on Property: **South end of property (more to the west, along south property line)**

Well type: **Drilled** Casing size: **6"** Casing is: **12** Inches **Above** Ground

Well depth if known: **89'** Sanitary seal: **Yes** Sanitary vent: **Yes**

Type of pump: **Submersible** HP: **1.5** Make: **Goulds** Model: **18GS15**

Was pump part of permanent system: **No**

Flow measuring equipment: **Bucket**

Water level measuring equipment: **Electronic probe**

Samples Collected: Coliform ☒ Nitrate ☒ Arsenic ☒ Lead ☐ General ☒
Other:

Test Time	Flow Rate	Gallons Pumped	Water Level	Back Pressure	Comments
	GPM				
Start: 2:45	24	0	12	45	Orange Water
15 min.	24	360	16	45	Clear Water
30 min.	24	720	17	45	Clear Water
45 min.	24	1080	18	45	Clear Water
1 hour	24	1440	18	45	Clear Water
1 1/2 hours					
2 hours					
2 1/2 hours					
3 hours					
3 1/2 hours					
4 hours					

Total Gallons Pumped: **1440**

Recovery After: **5** Min. To: **12** Feet

Comments:

THIS TEST DATA IS ACCURATE FOR THE DATE TAKEN. WE MAKE NO CLAIMS AS TO THE PERFORMANCE OF THIS WELL AT ANY OTHER TIME.

Data collected by: **cs**
Star Water Systems, Inc. CCB# 51054

STAR WATER SYSTEMS, INC.

250 MARKET ST.

LEBANON, OR 97355

PH. 451-3298 FAX 259-3297

" Customer Water analysis "

Date Received: 9-13-22 Received by: cs

Name: Kyle Latimer Phone #: _____

Address: SE White Oak Rd. LOT B City, State, Zip: Corvallis, OR

Sample Source: well head L145707 Customer Complaint: _____

RAW ☒

PH 7.5

Hardness 12 GPG

Iron 2.3 PPM

T.D.S. 236 PPM

Color: Clear ☒ Cloudy ☐ Colored ☐ Other: _____

Odor: None ☒ Musty ☐ Metallic ☐ Rotten Eggs ☐

Stain Color: Red ☐ Blue / Green ☐ Black / Brown ☐

Iron Bacteria: Non-visible ☐ Yes ☐

Notes: _____

FILTERED ☐

PH _____

Hardness _____ GPG

Iron _____ PPM

T.D.S. _____ PPM

Color: Clear ☐ Cloudy ☐ Colored ☐ Other: _____

Odor: None ☐ Musty ☐ Metallic ☐ Rotten Eggs ☐

Stain Color: Red ☐ Blue / Green ☐ Black / Brown ☐

Iron Bacteria: Non-visible ☐ Yes ☐

Notes: _____

PPM = parts per million
GPG = grains per gallon

Pump type & size: _____ Tank type & size: _____

Recommendation: _____

_____ Estimated Cost: _____

Analysis by: cs Date: 9-13-22 CCB# 51054



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Page 1 of 1

Drinking Water Report

Client Name: Star Water Systems, Inc
250 Market Street
Lebanon, OR 97355

Reference Number: **22-30873**

Report Date: 9/20/22

Approved By: bj,mdp,rap

Authorized by:

Sarah P Miller
Lab Manager, Corvallis

Project: Latimer Well ID L145708

Field ID: Well Head

Sample Description: Lot C SE White Oak Rd. Corvallis OR

Sample Date: 9/14/22 9:40

Lab Number: OR100009-60000

Date Received: 9/15/22

Sampled By: Carter

Sampler Phone:

CAS Number	Analyte	Result	MCL	Pass [^]	Lab	QL	Units	Analyzed
Coli-To-t	TOTAL COLIFORM	Present		Fail	d	P/A	per 100m	9/16/22
68583-22-2	E. Coli	Absent		Pass	d	Y/N	per 100m	9/16/22
14797-55-8	NITRATE-N	ND	10	Pass	d	1.0	mg/L	9/15/22
7440-38-2	ARSENIC	ND	0.010	Pass	a	0.001	mg/L	9/16/22

Notation:

MCL = Maximum Contaminant Level, maximum permissible level of a contaminant in water established by EPA; Federal Action Levels are 0.015 mg/L for Lead and 1.3 mg/L for Copper. Sodium has a recommended limit of 20 mg/L. A blank MCL value indicates a level is not currently established.

QL = Quantitation Limit is the lower calibration concentration.

ND = Not detected above the listed specified reporting limit (QL).

CAS Number = Chemical Abstract Service Number is a unique identifier of the chemical tested.

[^] = 'PASS', indicates that the parameter tested meets EPA, State, or local jurisdiction MCL.

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If you have any questions concerning this report contact Lawrence Henderson at the above phone number.

FORM: ShortList.rpt

STAR WATER SYSTEMS, INC.

250 MARKET ST.
LEBANON, OR 97355
PH. 451-3298 FAX 259-3297

Well Flow Test Report

Report For: **Kyle Latimer**
PO Box 310
Lebanon, OR 97355

Test Date: **September 14, 2022**

Well Site: **SE White Oak Rd.**
LOT C / WELL ID L145708
Corvallis, OR

Requested By: **Kyle Latimer**

Location of Well on Property: **Along north property line**

Well type: **Drilled** Casing size: **6"** Casing is: **13** Inches **Above** Ground

Well depth if known: **91'** Sanitary seal: **Yes** Sanitary vent: **Yes**

Type of pump: **Submersible** HP: **1.5** Make: **Grundfos** Model: **25S15**

Was pump part of permanent system: **No**

Flow measuring equipment: **Bucket**

Water level measuring equipment: **Electronic probe**

Samples Collected: Coliform ☒ Nitrate ☒ Arsenic ☒ Lead ☐ General ☒
Other:

Test Time	Flow Rate	Gallons Pumped	Water Level	Back Pressure	Comments
	GPM				
Start: 8:45	30	0	13	50	Orange Water
15 min.	30	450	17	50	Clear Water
30 min.	30	900	17	50	Clear Water
45 min.	30	1350	17	50	Clear Water
1 hour	30	1800	17	50	Clear Water
1 1/2 hours					
2 hours					
2 1/2 hours					
3 hours					
3 1/2 hours					
4 hours					

Total Gallons Pumped: **1800**

Recovery After: **5** Min. To: **13** Feet

Comments:

THIS TEST DATA IS ACCURATE FOR THE DATE TAKEN. WE MAKE NO CLAIMS AS TO THE PERFORMANCE OF THIS WELL AT ANY OTHER TIME.

Data collected by: **cs**
Star Water Systems, Inc. CCB# 51054

STAR WATER SYSTEMS, INC.

250 MARKET ST.
LEBANON, OR 97355
PH. 451-3298 FAX 259-3297

" Customer Water analysis "

Date Received: 9-14-22 Received by: cs

Name: Kyle Latimer Phone #: _____

Address: SE White Oak Rd. LOT C City, State, Zip: Corvallis, OR

Sample Source: well head L145708 Customer Complaint: _____

RAW ☒

PH 7.7

Hardness 12 GPG

Iron 2.0 PPM

T.D.S. 236 PPM

Color: Clear ☒ Cloudy ☐ Colored ☐ Other: _____

Odor: None ☒ Musty ☐ Metallic ☐ Rotten Eggs ☐

Stain Color: Red ☐ Blue / Green ☐ Black / Brown ☐

Iron Bacteria: Non-visible ☐ Yes ☐

Notes: _____

FILTERED ☐

PH _____

Hardness _____ GPG

Iron _____ PPM

T.D.S. _____ PPM

Color: Clear ☐ Cloudy ☐ Colored ☐ Other: _____

Odor: None ☐ Musty ☐ Metallic ☐ Rotten Eggs ☐

Stain Color: Red ☐ Blue / Green ☐ Black / Brown ☐

Iron Bacteria: Non-visible ☐ Yes ☐

Notes: _____

PPM = parts per million
GPG = grains per gallon

Pump type & size: _____ Tank type & size: _____

Recommendation: _____

Estimated Cost: _____

Analysis by: cs Date: 9-14-22 CCB# 51054



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Page 1 of 1

Drinking Water Report

Client Name: Star Water Systems, Inc
250 Market Street
Lebanon, OR 97355

Reference Number: **22-30874**

Report Date: 9/20/22

Approved By: bj,mdp,rap

Authorized by:

Sarah P Miller
Lab Manager, Corvallis

Project: Latimer Well ID L145704

Field ID: Well Head

Sample Description: **Lot E** SE White Oak Rd. Corvallis OR

Sample Date: 9/14/22 11:00

Lab Number: OR100009-60001

Date Received: 9/15/22

Sampled By: Carter

Sampler Phone:

CAS Number	Analyte	Result	MCL	Pass [^]	Lab	QL	Units	Analyzed
Coli-To-t	TOTAL COLIFORM	Absent		Pass	d	P/A	per 100m	9/17/22
68583-22-2	E. Coli	Absent		Pass	d	Y/N	per 100m	9/17/22
14797-55-8	NITRATE-N	ND	10	Pass	d	1.0	mg/L	9/15/22
7440-38-2	ARSENIC	ND	0.010	Pass	a	0.001	mg/L	9/18/22

Notation:

MCL = Maximum Contaminant Level, maximum permissible level of a contaminant in water established by EPA; Federal Action Levels are 0.015 mg/L for Lead and 1.3 mg/L for Copper. Sodium has a recommended limit of 20 mg/L. A blank MCL value indicates a level is not currently established.

QL = Quantitation Limit is the lower calibration concentration.

ND = Not detected above the listed specified reporting limit (QL).

CAS Number = Chemical Abstract Service Number is a unique identifier of the chemical tested.

[^] = 'PASS', indicates that the parameter tested meets EPA, State, or local jurisdiction MCL.

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STAR WATER SYSTEMS, INC.

250 MARKET ST.
LEBANON, OR 97355
PH. 451-3298 FAX 259-3297

Well Flow Test Report

Report For: **Kyle Latimer**
PO Box 310
Lebanon, OR 97355

Test Date: **September 14, 2022**

Well Site: **SE White Oak Rd.**
LOT E / L145704
Corvallis, OR

Requested By: **Kyle Latimer**

Location of Well on Property: **Along west property (more to the north side)**

Well type: **Drilled** Casing size: **6"** Casing is: **13** Inches **Above** Ground

Well depth if known: **100'** Sanitary seal: **Yes** Sanitary vent: **Yes**

Type of pump: **Submersible** HP: **1.5** Make: **Grundfos** Model: **25S15**

Was pump part of permanent system: **No**

Flow measuring equipment: **Bucket**

Water level measuring equipment: **Electronic probe**

Samples Collected: Coliform ☒ Nitrate ☒ Arsenic ☒ Lead ☐ General ☒
Other:

Test Time	Flow Rate	Gallons Pumped	Water Level	Back Pressure	Comments
	GPM				
Start: 10:15	30	0	14	50	Orange Water
15 min.	30	450	20	50	Slight Color
30 min.	30	900	27	50	Clear Water
45 min.	30	1350	36	50	Clear Water
1 hour	30	1800	36	50	Clear Water
1 1/2 hours					
2 hours					
2 1/2 hours					
3 hours					
3 1/2 hours					
4 hours					

Total Gallons Pumped: **1800**

Recovery After: **5** Min. To: **14** Feet

Comments:

THIS TEST DATA IS ACCURATE FOR THE DATE TAKEN. WE MAKE NO CLAIMS AS TO THE PERFORMANCE OF THIS WELL AT ANY OTHER TIME.

Data collected by: **cs**
Star Water Systems, Inc. CCB# 51054

STAR WATER SYSTEMS, INC.

250 MARKET ST.

LEBANON, OR 97355

PH. 451-3298 FAX 259-3297

" Customer Water analysis "

Date Received: 9-14-22 Received by: cs

Name: Kyle Latimer Phone #: _____

Address: SE White Oak Rd. **LOT E** City, State, Zip: Corvallis, OR

Sample Source: well head L145704 Customer Complaint: _____

RAW ☒

PH 7.7

Hardness 14 GPG

Iron 3.0 PPM

T.D.S. 320 PPM

Color: Clear ☒ Cloudy ☐ Colored ☐ Other: _____

Odor: None ☒ Musty ☐ Metallic ☐ Rotten Eggs ☐

Stain Color: Red ☐ Blue / Green ☐ Black / Brown ☐

Iron Bacteria: Non-visible ☐ Yes ☐

Notes: _____

FILTERED ☐

PH _____

Hardness _____ GPG

Iron _____ PPM

T.D.S. _____ PPM

Color: Clear ☐ Cloudy ☐ Colored ☐ Other: _____

Odor: None ☐ Musty ☐ Metallic ☐ Rotten Eggs ☐

Stain Color: Red ☐ Blue / Green ☐ Black / Brown ☐

Iron Bacteria: Non-visible ☐ Yes ☐

Notes: _____

PPM = parts per million
GPG = grains per gallon

Pump type & size: _____ Tank type & size: _____

Recommendation: _____

_____ Estimated Cost: _____

Analysis by: cs Date: 9-14-22 CCB# 51054