ev 3/27/03

FINAL ORDER
Oregon Water Resources Department

REQUEST FOR WRITTEN APPROVAL TO USE CONSTRUCTION METHODS NOT INCLUDED IN OREGON ADMINISTRATIVE RULES 690-200 THROUGH 690-240

Before request can be considered, the following must be answered. Requests shall be submitted to the Well Construction Specialist, Water Resources Department. Requests may also be considered by the appropriate Regional Manager.

Date of request: 10-21-99 **Oral approval date (if applicable):** 10-21-99 Today if possible

Bonded Well Constructor (name, license #, and mailing address):

Chuck Stadeli #723

(1) Location of Well: NE 1/4 NW 1/4 of Section 13,
Township 8 N (S.) Range 1 (E) W, Marion County.
Address at well site:
Silver Falls State Park Black H2O Tank

(2) Start Card Number(s): 111202

(3) Name and Address of Land Owner: State of OR Parks & Recreation

(4) Distance to the nearest well, septic tank or drainfield (if water supply well): 100 +

(5) The unusual conditions which necessitate this request: Loss fluid & circulation zone during bore hole construction

(6) The proposed construction methods that the well constructor believes will be adequate for this well (attach additional pages if needed)

See attached drawing, install cement from 290' to 256', install bent. Chips & Sand from 256' to 173, install cement grout from 173 to 1.5.

N-am would say denied because WR shows no SS)

(7) Diagram showing the pertinent features of the proposed well design and construction (attach additional pages if needed):

See attached

PLEASE NOTE:

(1) If approved, all other phases of well construction must comply with the appropriate standards described in OAR 690-200 through 690-240.

(2) If it should be determined at some future date that the well, due to its construction, is allowing groundwater contamination, waste or loss of artesian pressure, the undersigned shall return to the site and rectify the problem.

(3) If oral approval was granted, a written request must be submitted to the Department either within three (3) working days of the date of oral approval or prior to the completion of the associated well work. Failure to submit a written request as described above may void prior approval.

I have read and understand the above information. I further attest that the information provided is accurate to the best of my knowledge.

Bonded Constructor Signature: _____

For Water Resources Department Use Only

Date: _____

Approved by: _____ Denied by: _____

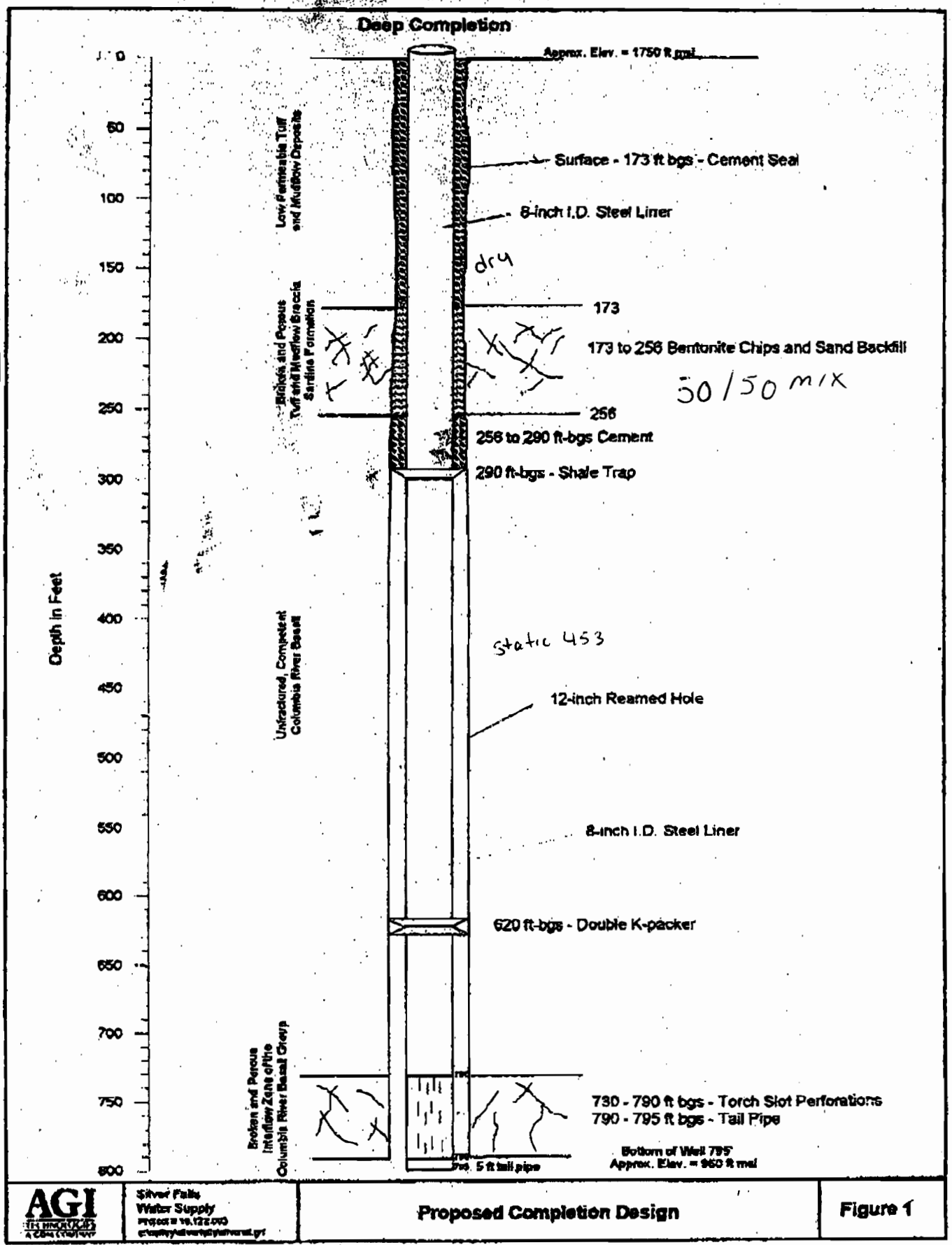
Remarks: _____

_____

_____

FAXED
To: Chuck Sabin from Scott Coffey
Steve Zimmerman

Revised 10/18/99



AGI	Silver Falls Water Supply	Proposed Completion Design — Figure 1

STACO Well Services
220 Academy Street
Mt. Angel, Oregon 97362
Office: 503-845-6824 · 800-457-8226 · FAX: 503-845-9274

· Domestic, Commercial, & Irrigation Wells · Environmental Drilling ·
· Elevator Jack Holes · Dewatering · Pump Sales & Service ·

FAX Cover Sheet

Date: 10-21-99 Number of Pages: _____

To: Mike McCord From: Chuck Stadeli

FAX Number: 503 378 8130 Direct Dial: _____

Mike

Special Standards request

surface seal @ Silverfalls Park

Well

503 932 0876