



Oregon

Theodore R. Kulongoski, Governor

e✓12/14/04

Water Resources Department
North Mall Office Building
725 Summer Street NE, Suite A
Salem, OR 97301-1271
503-986-0900
FAX 503-986-0904

November 2, 2004

Hansen Drilling Co. Inc.
Attn: Ron Aspaas #1445
6711 NE 58th Ave
Vancouver, WA 98661

FINAL ORDER

Dear Ron:

The Special Standard request you submitted for owner: Oregon State Parks/ U.S. Forest Service, Start Card numbers 160994, is hereby **denied**. Your request was to alter the well in order to install a pitless adapter (See OAR 690-210-0250). Your Special Standard request form is enclosed.

If you have any questions concerning this letter, I may be contacted at (503) 986-0851, or by e-mail at Kristopher.R.Byrd@wrд.state.or.us.

Sincerely,



Kristopher Byrd

Well Construction Program Coordinator
Enforcement Section

enclosure

cc: Ken Wilcke, NW Region Well Inspector
File

This is a final order in other than a contested case. This order is subject to judicial review under ORS 183.484. Any petition for judicial review of the order must be filed within the 60 day time period specified by ORS 183.484(2). Pursuant to ORS 536.075 and OAR 137.004-0080 and OAR 690-01-0005 you may either petition for judicial review or petition the Director for reconsideration of this order.

RECEIVED
OCT 19 2004
WATER RESOURCES DEPT
SALEM, OREGON

Oregon Water Resources Department

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

Before the request can be considered, this form must be completed. Requests shall be submitted to the Well Construction Specialist, Water Resources Department, ~~158 12th Street NE~~, Salem OR 97301. Requests may also be considered by the appropriate Regional Manager. ~~125 NE SUMNER ST SUITE 2~~

Date of request: 10-18-04 Oral approval date (if applicable): _____

Bonded Well Constructor (name, license #, and mailing address): RON ASPANS #1445
HANSEN DRILLING CO. INC.
6711 NE 58th AVE VANCO. WA. 98661

(1) Location of Well: SW 1/4 SE 1/4 of Section 12,
Township 1 N SE Range SE E MULTNOMAH County
Address at well site: BENSON STATE PARK

(2) Start Card Number(s)(for work to be done): 160994

(3) Name and Address of Land Owner: OREGON STATE PARKS / US FOREST SERVICE
902 WASCO AVE SUITE 200, HOOD RIVER OR 97031

(4) Distance to the nearest septic tank, drainfield, closed sewage line (if water supply well)
N/A

(5) The unusual site conditions which necessitate this request: WANT TO REPLACE
WELL SEAL IN CASING FOR PUMP TO WELD ON PITLESS ADAPTER

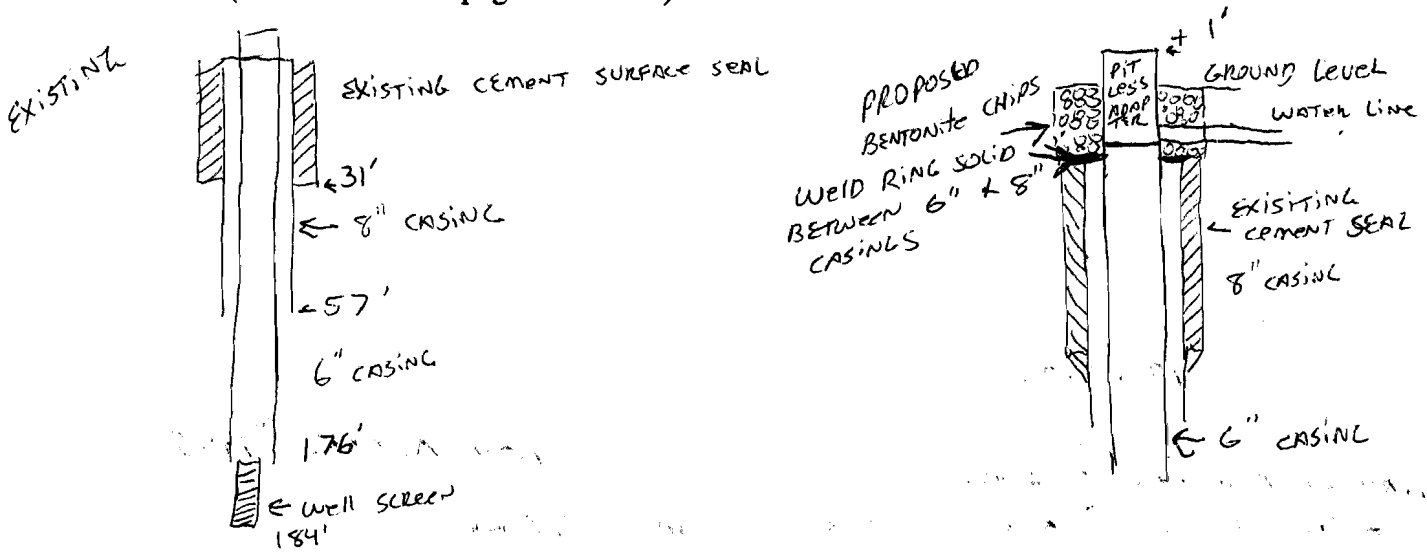
(6) The proposed construction methods that the bonded well constructor believes will be adequate for this well: (attach additional pages if needed)
CUT 8" CASING OFF 4' BELOW GROUND LEVEL, CUT 6"
CASING OFF APP 3' 6" BELOW GRADE WELD RING SOLID BETWEEN

W
OT

6" + 8" CASINGS WELD 6" PITLESS ADAPTER ON 6" PIPE SET
12" CASING OVER 6" PIPE, BACKFILL AROUND 12", SEAL BETWEEN
6" + 12" CASINGS W/ BENTONITE CHIPS. PULL 12" CASING OUT.

Remarks: CUT CASING off below grade - Permed

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



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 ground water 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 oral 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:

Ronald C. [Signature]