

Application for Permit Amendment

Part 1 of 5 – Minimum Requirements Checklist



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

This permit amendment application will be returned if Parts 1 through 5 and all required attachments are not completed and included.

For questions, please call (503) 986-0900, and ask for Transfer Section.

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Check all items included with this application. (N/A = Not Applicable)

- ☒ Part 1 – Completed Minimum Requirements Checklist.
- ☒ Part 2 – Completed Application Map Checklist.
- ☒ Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at:
http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator.
- ☒ Part 4 – Completed Applicant Information and Signature.
- ☒ Part 5 – Information about Permits to be Amended: **Number of permits to be amended: 1**
List the Permits here: G-11608
Please include a separate Part 5 for each permit. (See instructions on page 6)
- ☒ Completed Permit Amendment Application Map (Does not have to be prepared by a Certified Water Right Examiner).
- ☐ ☒ N/A Request for Assignment Form and statutory fee. The request for assignment form has to be completed if the applicant is **not** the permit holder of record and needs to be assigned to the permit; **or** the landowner of the proposed place of use is **not** the permit holder of record and needs to be assigned to the permit (the Request for Assignment Form is available online at <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>). Assignment is not needed if the applicant is the permit holder of record.
- ☐ ☒ N/A Affidavit(s) of Consent are required from all permit holder(s) of record if the permit is not assigned to the applicant **or** other permit holders of record that are not listed as applicants.
- ☒ ☐ N/A Oregon Water Resources Department's Land Use Information Form with approval and signature (or signed land use form receipt stub) from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
- ☒ ☐ N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.
- ☐ ☒ N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500 feet from the surface water source and more than 1000 feet upstream or downstream from the point of diversion. (ORS 540.531(2) or (3)).

(For Staff Use Only)

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|--------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Application fee not enclosed/insufficient | <input type="checkbox"/> Map not included or incomplete |
| <input type="checkbox"/> Land Use Form not enclosed or incomplete | |
| <input type="checkbox"/> Additional signature(s) required | <input type="checkbox"/> Part _____ is incomplete |

Other/Explanation _____

Staff: _____ 503- _____

Date: **13819** / **11** / **21**

Part 2 of 5 – Permit Amendment Map Checklist

Your permit amendment application will be returned if any of the map requirements listed below are not met.

Please be sure that the map you submit includes all the items listed below and meets the requirements of OAR 690-380-3100, however, the map does not have to be prepared by a Certified Water Right Examiner. Check all boxes that apply.

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- ☐ ☒ N/A If **more than three** permits are involved, separate maps for each permit.
- ☒ Permanent quality printed with dark ink on good quality paper.
- ☒ The size of the map can be 8½ x 11 inches, 8½ x 14 inches, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy is required.
- ☒ A north arrow, a legend, and scale.
- ☒ The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
- ☒ Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- ☒ Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- ☒ Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
- ☒ Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
- ☒ Existing place of use that includes separate hachuring for each water use permit, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the permit is being changed, a separate hachuring is needed for the portion of the permit left unchanged.
- ☒ ☐ N/A If you are proposing a change in place of use, show the proposed place of use with hachuring that includes separate hachuring for each permit, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
- ☒ Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water use permit.
- ☒ ☐ N/A If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

Part 3 of 5 – Fee Worksheet

FEE WORKSHEET for PERMIT AMENDMENT			
1	Base Fee (includes one type of change to one permit for up to 1 cfs)	1	\$1,360
2	Types of change proposed: <input checked="" type="checkbox"/> Place of Use <input checked="" type="checkbox"/> Point of Diversion/Appropriation Number of above boxes checked = 2 (2a) Subtract 1 from the number in line 2a = 1 (2b) <i>If only one change, this will be 0</i> Multiply line 2b by \$1090 and enter » » » » » » » » » » » » » » » » » » » » » »	2	1,090
3	Number of permits included in Permit Amendment 1 (3a) Subtract 1 from the number in 3a: 0 (3b) <i>If only one permit this will be 0</i> Multiply line 3b by \$610 and enter » » » » » » » » » » » » » » » » » » » » » »	3	0
4	Do you propose to add or change a well, or change from a surface water POD to a well? <input type="checkbox"/> No: enter 0 <input checked="" type="checkbox"/> Yes: enter \$480 for the 1 st well to be added or changed \$480 (4a) Do you propose to add or change additional wells? <input type="checkbox"/> No: enter 0 <input checked="" type="checkbox"/> Yes: multiply the number of additional wells by \$410 410 (4b) Add line 4a to line 4b and enter » » » » » » » » » » » » » » » » » » » » » »	4	890
5	Do you propose to change the place of use? <input type="checkbox"/> No: enter 0 on line 5 <input checked="" type="checkbox"/> Yes: enter the cfs for the portions of the permits to be amended (see below*): 0.11 (5a) Subtract 1.0 from the number in 5a above: -0.89 (5b) If 5b is 0, enter 0 on line 5 » » » » » » » » » » » » » » » » » » » » » » If 5b is greater than 0, round up to the nearest whole number: _____ (5c) and multiply 5c by \$350, then enter on line 5 » » » » » » » » » » » » » » » » » » » » » »	5	0
6	Add entries on lines 1 through 5 above » » » » » » » » » » Subtotal:	6	3,340
7	Is this permit amendment: <input type="checkbox"/> necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? <input type="checkbox"/> endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat? If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 If no box is applicable, enter 0 on line 7 » » » » » » » » » » » » » » » » » » » » » »	7	0
8	Subtract line 7 from line 6 » » » » » » » » » » » » » » » » Permit Amendment Fee:	8	3,340

*Example for Line 5a calculation to transfer 45.0 acres of Primary Permit S-12345 (total 1.25 cfs for 100 acres) and 45.0 acres of Supplemental Permit S-87654 (1/80 cfs per acre) on the same land:

1. For irrigation calculate cfs for each permit involved as follows:
 - a. Divide total authorized cfs by total acres in the permit (*for S-12345, 1.25 cfs ÷ 100 ac*); then multiply by the number of acres to be changed to get the application cfs (*x 45 ac = 0.56 cfs*).
 - b. If the water right permit does not list total cfs, but identifies the allowable use as 1/40 or 1/80 of a cfs per acre; multiply number of acres proposed for change by either 0.025 (1/40) or 0.0125 (1/80). (*For S-87654, 45.0 ac x 0.0125 cfs/ac = 0.56 cfs*)
2. Add cfs for the portions of permits on all the land included in the application; however **do not count cfs for supplemental permits on acreage for which you have already calculated the cfs fee for the primary permit on the same land**. The fee should be assessed only once for each “on the ground” acre included in the application. (*In this example, blank 5a would be only 0.56 cfs, since both permits serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0*).

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Applicant Information

APPLICANT/BUSINESS NAME Terrebonne Domestic Water District; Contact: Dan Bruce, District Manager			PHONE NO. 541 548-2727	ADDITIONAL CONTACT NO. --
ADDRESS PO Box 31			FAX NO. --	
CITY Terrebonne	STATE OR	ZIP 97760	E-MAIL tdwd@bendbroadband.com	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.				

Agent Information – The agent is authorized to represent the applicant in all matters relating to this application.

AGENT/BUSINESS NAME Jim Newton/Cascade Geoengineering, LLC			PHONE NO. 360 907-4162	ADDITIONAL CONTACT NO. --
ADDRESS 21145 Scottsdale Dr			FAX NO. --	
CITY Bend	STATE OR	ZIP 97701	E-MAIL newtonjim@hotmail.com	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.				

Explain in your own words what you propose to accomplish with this permit amendment; and why:
Change the POA to Wells 3 and 4; groundwater level has dropped and the currently permitted well no longer intersects the water table. Change the POU to "Within the Service Boundary of the Terrebonne Domestic Water District"
If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

☐ Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

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Is the applicant the permit holder of record? ☒ Yes ☐ No

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If NO, include either:

- ☐ A completed assignment form (with required statutory assignment fee), assigning all or a portion of the permit to the applicant(s), **OR**
- ☐ An affidavit of consent from the permit holder(s) of record that gives permission for the applicant to amend the permit.

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Has the Completion ("C") Date of the permit(s) in this application expired? ☐ Yes ☒ No

If YES, this application will not be accepted by the Department.

If NO, what are the completion dates of the permit(s)? October 1, 2024

- If the permit completion date expires while the Permit Amendment Application is pending, the Department will not approve the Permit Amendment Application until an Extension of Time Application is approved for the permit.
- You may consider using the Reimbursement Authority process to expedite the processing of this Permit Amendment Application if the completion date of the permit expires within 6 months of the date of filing this application.

By my signature below, I confirm that I understand:

- Prior to Department approval of the permit amendment, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the permit is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following newspaper: Redmond Spokesman

I (we) affirm that the information contained in this application is true and accurate.




Applicant Signature

Daniel Bruce
Print Name (and Title if applicable)

9-13-21
Date

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Check one of the following:

- ☒ The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.
- ☐ The permit holder(s) of record will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to the permit holder(s) of record.

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Check the appropriate box, if applicable:

- ☒ Check here if any of the permits proposed for amendment are or will be located within or served by an irrigation or other water district.

IRRIGATION DISTRICT NAME Terrebonne Domestic Water District (applicant)	ADDRESS P.O. Box 31	
CITY Terrebonne	STATE OR	ZIP 97760

- ☐ Check here if water for any of the permits supplied under a water service agreement or other contract for stored water with a federal agency or other entity.

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

 To meet State Land Use Consistency Requirements, you must list all local governments (each county, city, municipal corporation, or tribal government) within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME Deschutes County Community Development Dept	ADDRESS 117 NW Lafayette Avenue/PO B0x 6005	
CITY Bend	STATE OR	ZIP 97708-6005

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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Part 5 of 5 – Water Use Permit Information

Please use a separate Part 5 for each permit being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

PERMIT # G-11608

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Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)

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(Note: If the POD/POA name is not specified in the permit, assign it a name or number here.)

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POD/POA Name or Number	Is this POD/POA Authorized by the permit or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag# L-____)	Twp		Rng		Sec	¼ ¼		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
A Well	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	L-9894 (4 Well Logs)	14	S	13	E	16	SE	NW	455	2,802.75' N and 1,584.89'E from the SW Corner of Section 16
#3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-32860 (2 Well Logs)	14	S	13	E	16	SE	SW	800	1,130' N and 1,360' E from the SW Corner of Section 16
#4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	L-91780 (1 Well Log)	14	S	13	E	16	SE	SW	800	1,086'N and 1,406'E from the SW Corner of Section 16

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- | | |
|---------------------------------------------------------------|------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Place of Use (POU) | <input checked="" type="checkbox"/> Point of Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Surface water POD to Ground Water POA (SW/GW) |

Will all of the proposed changes affect the entire water use permit?

- ☒ Yes Complete only the proposed ("to" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.
- ☐ No Complete all of Table 2 to describe the portion of the permit to be changed.

For a change in place of use:

Does the permit holder of record own or control the land TO which the place of use is being moved?

☒ Yes ☐ No

If NO, the landowner of the land TO which the place of use is being moved must be assigned to the permit as a permit holder of record by submitting a completed Request for Assignment form and the required statutory fee for an assignment.

Is the proposed place of use contiguous to the authorized place of use? ☒ Yes ☐ No

The permitted place of use can be moved only to lands that are contiguous to the authorized place of use unless the change to non-contiguous lands is in furtherance of mitigation or conservation efforts undertaken for the purposes of benefiting a species listed as sensitive, threatened, or endangered under ORS 496.171 to

496.192 or the federal Endangered Species Act of 1973 (16 U.S.C. 1531 to 1544), as determined by the listing agency. Contiguous land being either adjacent land or land separated from the land to which a permit is authorized by roads, utility corridors, irrigation ditches or publicly owned rights of way.

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Please use and attach additional pages of Table 2 as needed.
See page 6 for instructions.

Do you have questions about how to fill-out the tables?
Contact the Department at 503-986-0900 and ask for Transfer

Table 2. Description of Changes to Water Use Permit # G-11608


List the change proposed for the acreage in each ¼. If more than one change is proposed, specify the acreage associated with each change.
If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.										Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.												
Twp	Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acre(s) (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acre(s) (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date			
EXAMPLE																							
2	S	9	E	15	NE	NW	100		15.0	POD #1 POD #2	POU/POD	2	S	9	E	15	NW	NW	100	1	10.0	POD #5	
"	"	"	"	"	"	"	"	"	EXAMPLE	"	"	2	S	9	E	15	SW	NW	200		5.0	POD #6	
											POU/POA	14	S	13	E	16			See		Remarks	Well #3	12/11/92
											POU/POA	14	S	13	E	16			See		Remarks	Well #4	12/11/92
TOTAL ACRES											TOTAL ACRES												

Additional remarks: Proposed POU is Within the Service Boundary of the Terrebonne Domestic Water District, Being a Portion of T 14S, R 13E, Section 16.

Are there other water rights certificates, water use permits or ground water registrations associated with the "from" or "to" lands? ☒ Yes ☐ No

If YES, list the other certificate, permit, or ground water registration numbers: Permits G-8542 & G-16938

 If the permit(s) are for irrigation or supplemental irrigation use, other water rights existing on the same land for irrigation that are subject to transfer must either change concurrently or be cancelled. Any change to a water right certificate or ground water registration must be filed separately in a water right transfer application or ground water registration modification application, respectively.

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:

- ☒ Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map. (Tip: You may search for well logs on the Department's web page at: http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx)

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AND/OR

- ☐ Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well, OWRD Well ID Tag No. L-_____	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well-specific rate (cfs or gpm). If less than full rate of water right
Well #3	Yes	DESC-52862/53589	590'	14"	+1' - 326'	326'	415' - 475' & 545' - 590'	304'	Lava, cinders & ash	Est. 1,000+ gpm
Well #4	Yes	DESC 58362	592'	12"	-4.7' - 414'	5' - 414'	431' - 451'; 546' - 586'	310'	Lava, basalt, cinders & ash	Est. 1,000 gpm

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

Instructions for completing this report are on the last page of this form

WELL ID # L 32860

(START CARD) # 126683

De SC 52 862

(1) OWNER:

Well Number: #3

Name Terrebonne Domestic Water DistrictAddress P.O. Box 31City Terrebonne State OR Zip 97760

(2) TYPE OF WORK:

☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Other

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(4) PROPOSED USE:

MAR 1 2000

☐ Domestic ☒ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 590 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL				Amount	
Diameter	From	To	Material	From	To	Material	From	To	sacks or pounds
12in	0	19	Granular	0					
8in	19	395	Bentonite		19			14	sacks
6in	395	590							

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other Poured Dry

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8-in	+1	19	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6-in	+2	395	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☒ Perforations Method factory☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
315	395	3/16	960	6-in		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
45	112'	357	.25 hr.
145	2	420	4.25 hr

Temperature of Water 56 Depth Artesian Flow found _____Was a water analysis done? ☒ Yes By whom Coffey LabsDid any strata contain water not suitable for intended use? ☒ Too little☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____Depth of strata: 294-301 & 352-377

(9) LOCATION OF WELL by legal description:

County Deschutes Latitude _____ Longitude _____
Township 14S N or S. Range 13E E or W. of WM.
Section 16CD SE 1/4 SW 1/4
Tax lot 800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 8300 5th Street,
Terrebonne, OR 97760

(10) STATIC WATER LEVEL:

304 ft. below land surface. Date 2/16/2000
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 294

From	To	Estimated Flow Rate	SWL
294	301	15-20	243
352	377	25-30	243
468	474	150-200	304
474	494	150-200	304

(12) WELL LOG:

Ground elevation 2876'

Material	From	To	SWL
Sandy Top Soil & Broken Lava	0	2	
Brown Lava	2	6	
Blue Gray Basalt	6	39	
Red Cinder Rock	39	56	
Brown & Red Cinders	56	78	
Tan Tufted Ash	78	90	
Brown & Red Cinders & Brown Lava	90	110	
Black Cinders & Tufted Ash	110	171	
Blue Gray Basalt	171	220	
Hard Black & Gray Basalt - Broken	220	294	
Large Red Cinders - WB	294	301	243
Broken Gray Lava	301	319	243
Hard Gray Basalt	319	352	243
Brown Cinder Rock & Blk Sand WB	352	377	243
Broken Gray Lava	377	395	243
Gray Broken Lava	395	402	243
Gray & Brown Lava	402	428	243
Brown & Red Cinders, Brn Sand WB	428	453	304
Black & Brown Lava Rock WB	453	468	304
Red Cinders & Ash WB	468	474	304
Brown Cinders & Ash WB	474	494	304
Brown Lava	494	528	304
Red Cinder & Pumice Chunks - firm	528	545	304
Cinder & Pumice Ash w blk cinders	545	582	304

Continued on next page

Date started 2/16/2000 Completed 2/16/2000

(unbonded) Water Well Constructor Certification:

I, _____, have performed on the construction, alteration, or abandonment of this well in compliance with Oregon water supply well construction standards.

Materials used and information reported above are true to my best knowledge and

APR 05 2000

WWC Number _____

Date _____

Signed _____
WATER RESOURCES DEPT.
SALEM, OREGON

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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.

WWC Number 1385Signed Robert D. Buckner Date 2/25/01

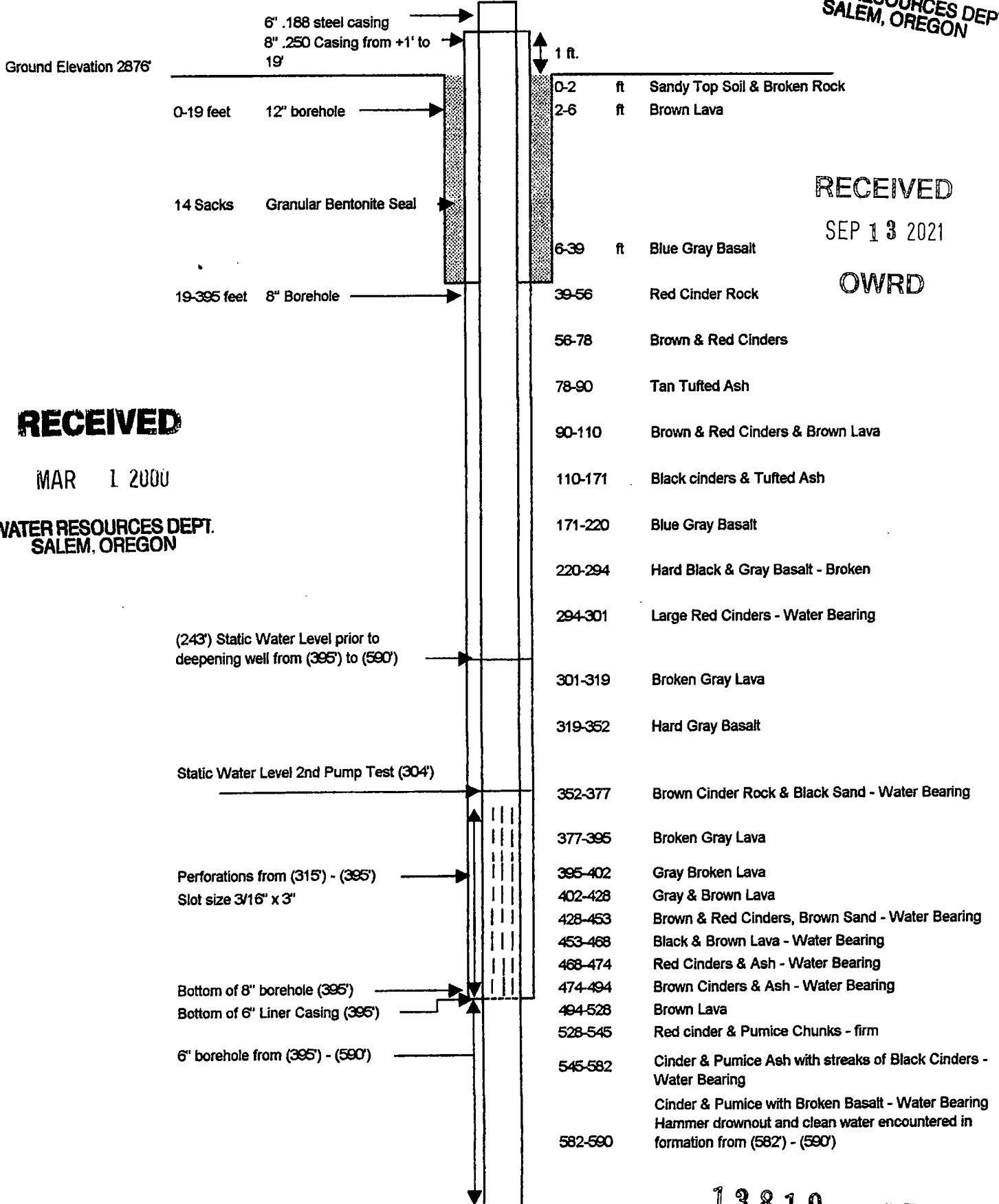
Robert D. Buckner

TERREBONNE DOMESTIC WATER DISTRICT TEST WELL DIAGRAM

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APR 05 2000

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SALEM, OREGON



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58362

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

SEP 13 2021

WELL LABEL # L 91780

START CARD # 188458

(1) LAND OWNER

Owner Well I.D. 4

First Name _____ Last Name _____
 Company Terrebonne Domestic Water District
 Address PO Box 31
 City Terrebonne State OR Zip 97760

(2) TYPE OF WORK ☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (repair/recondition) ☐ Abandonment

(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 588 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
16	0	414	Bentonite	0	5	9	S
12	414	592	Cement	5	414	316	S

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☒ Other bentonite placed around pitless unit

Backfill placed from 588 ft. to 592 ft. Material slough

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	2	4.7	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10	4.7	414	.375	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10	402	431	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10	451	546	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10	586	588	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 wire wrap Material 304SS

Perf/	Casing/Screen	Screen Liner	Dia	From	To	Scm/slot width	Slot length	# of slots	Tele/ pipe size
Screen			10	431	451	0.100 cont.			PS
Screen			10	546	586	0.100 cont.			PS

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
560	6		.5
740	9		4.5

Temperature 55.1 °F Lab analysis ☒ Yes By Alexin

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

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(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 14 S N/S Range 13 E E/W WM

Sec 16 SE 1/4 of the SW 1/4 Tax Lot 800

Tax Map Number 14 13 16CD Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

8300 NW 5th St. Terrebonne, OR

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	SWL (ft)
Completed Well	10-18-2007		315

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	SWL (ft)
08-22-2007	270	273	20		240
08-23-2007	350	375	50		240
09-07-2007	443	450	200		310
09-08-2007	578	588	1,000		310

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil w/rocks	0	1
Basalt, grey & brown, medium w/large fractures	1	5
Basalt, grey & brown, hard	5	15
Basalt, brown, medium-hard	15	37
Basalt, red, medium	37	48
Basalt, red w/yellow, soft	48	53
Cinders & pumice, brown & red, medium	53	84
Cinders & pumice, black & brown, soft	84	112
Cinders, black & brown, medium	112	169
Cinders, black & brown, hard	169	174
Basalt, black, hard	174	218
Basalt, black, broken, medium-hard	218	270
Basalt, black w/brown & red, medium	270	273
Basalt, black, hard	273	275
Basalt, black w/brown, hard	275	334
Basalt, black, hard	334	346
Basalt, black, hard w/soapstone, tan	346	348
Cinders, red, soft	348	350
Cinders, brown & red, medium	350	375

Date Started 08-15-2007

Completed 01-04-2008

(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 1663

Date 01-29-2008

Password: (if filing electronically)

Signed Stephen Schneider for Oregon Council

(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 649

Date 01-29-2008

Password: (if filing electronically)

Signed Stephen Schneider

Contact Info (optional)

WATER RESOURCES DEPT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

SALEM, OREGON

13819

Form Version: 0.88

(10) STATIC WATER LEVEL

[illegible]

FILTER PACK			
From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

[illegible]

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

[illegible]

Water Quality Concerns

From	To	Description

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Water Bearing Zones

[illegible]

(11) WELL LOG

[illegible]

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Comments/Remarks[illegible]

WATER RESOURCES DEPT
SALEM, OREGON

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

Instructions for completing this report are on the last page of this form

RECEIVED
DESC 53589
JAN 09 2001

WELL ID # 32860
(START CARD) # 126689

(1) OWNER:

Well Number: 3
Name: Terebonne Domestic Water District
Address: P.O. Box 31
City: Terebonne State: OR Zip: 97760

(2) TYPE OF WORK:

☐ New Well ☐ Deepening ☒ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other

(4) PROPOSED USE:

☐ Domestic ☒ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☒ Yes ☐ No Depth of Completed Well 590 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
15.5	0	326	Cement	0	326	308 sacks	
12.25	326	590					

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☐ Other

Backfill placed from ft. to ft. Material

Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	14in	+1	294	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10in	+1	415	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10in	475	545	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

		Method		Material			
<input type="checkbox"/> Perforations		Type		304		Stainless	
<input checked="" type="checkbox"/> Screens		Type		304		Stainless	
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
415	475	.060		10in	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
545	590	.060		10in	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

☒ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
500	4.5	368	54 hr.

Temperature of Water 56 Depth Artesian Flow found
Was a water analysis done? ☒ Yes By whom Coffey Labs
Did any strata contain water not suitable for intended use? ☒ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other
Depth of strata: 294-301

LOCATION OF WELL by legal description:

County Deschutes Latitude Longitude
Township 14S N or S. Range 13E E or W. of WM.
Section 16CD SE 1/4 SW 1/4
Tax lot 800 Lot Block Subdivision
Street Address of Well (or nearest address) 8300 SW 5th St.
Terebonne, OR

(10) STATIC WATER LEVEL:

ft. below land surface. Date
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found

From	To	Estimated Flow Rate	SWL
294	301	10-20	243
352	428	75-100	304
428	590	1000+	304

(12) WELL LOG:

Ground elevation

Material	From	To	SWL
Sandy Top Soil & Broken Rock	0	2	
Brown Lava	2	6	
Blue Gray Basalt	6	39	
Red Cinder Rock	39	56	
Brown & Red Cinders	56	78	
Tan Tufted Ash	78	90	
Brown & Red Cinders	90	110	
Black Cinders & Tufted Ash	110	171	
Blue Gray Basalt	171	220	
Hard Black & Gray Basalt	220	294	
Large Red Cinders & Black Sand WB	294	301	243
Broken Gray Lava	301	319	243
Hard Gray Basalt	319	352	243
Brown Cinder Rock & Black Sand WB	352	377	304
Broken Gray Lava	377	402	304
Gray & Brown Lava	402	428	304
Brown & Red Cinders, Bm. Sand WB	428	453	304
Black & Brown Lava Rock WB	453	468	304
Red Cinders & Ash WB	468	474	304
Brown Cinders & Ash	474	494	304
Brown Lava	494	528	304
Red Cinder & Pumice Chunks WB	528	545	304

Continued on next page

Date started 3/23/00 Completed 11/1/00

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, 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 my best knowledge and belief.

Signed _____ WWC Number _____
Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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.

Signed Robert Buckner WWC Number 1385
Date 1/3/01

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(1) OWNER: Well Number: 3
Name Terrebonne Domestic Water District
Address P.O. Box 31
City Terrebonne State OR Zip 97760

(2) TYPE OF WORK:
☐ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:
☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other

(4) PROPOSED USE:
☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☐ No Depth of Completed Well _____ ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____
HOLE SEAL
Diameter From To Material From To Amount
sacks or pounds
How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:
Diameter From To Gauge Steel Plastic Welded Threaded
Casing: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Liner: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☐ Screens Type _____ Material _____
From To Slot size Number Diameter Tele/pipes size Casing Liner
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
Temperature of Water _____ Depth Artesian Flow found _____
Was a water analysis done? ☐ Yes By whom _____
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Deschutes Latitude _____ Longitude _____
Township 14S N or S. Range 13E E or W. of WM.
Section 16CD SE 1/4 SW 1/4
Tax lot 900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 8300 SW 5th St.
Terrebonne, OR

(10) STATIC WATER LEVEL:
ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found _____
From To Estimated Flow Rate SWL

(12) WELL LOG:
Ground elevation _____
Material From To SWL
Cinder & Pumice Ash & Blk. 545
Cinders WB 582 582 304
Cinder & Pumice w brkn. basalt WB 582 590 304
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JAN 9 2001
WATER RESOURCES DEPT.
SALEM, OREGON
WESTERN WATER DEVELOPMENT
P.O. Box 1670
Redmond, OR 97756

Date started 3/23/00 Completed 11/1/00

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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 my best knowledge and belief.

Signed _____ WWC Number _____
Date _____

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Signed _____ WWC Number 1385
Date 1/3/01

Robert Buckner

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