

Approved:



MEMO

To: Kristopher Byrd, Well Construction Manager
From: Tommy Laird, Well Construction Program Coordinator
Subject: Review of Water Right Application G-19232
Date: August 27, 2024

The attached application was forwarded to the Well Construction Section by the Groundwater Section. Phillip Marcy reviewed the application. Please see Phillip's Groundwater Review and the Well Report.

Applicant's Well # "Well 1" (BENT 52375): Based on a review of the Well Report, Well 1 does not appear to comply with current minimum well construction standards (See OAR 690 Division 210). The problem is that the Well Report indicates that the well head is not one foot above the local surface runoff. In order to meet minimum well construction standards, the well head must be extended so that it is at least seven feet above land surface.

My recommendation is that the Department not issue a permit for Well 1 unless it is brought into compliance with current minimum well construction standards or information is provided showing that it is constructed to meet current minimum well construction standards.

The repair of Well 1 may not satisfy hydraulic connection issues.

Applicant's Well # "Well 2" (BENT 50764): Based on a review of the Well Report, Well 2 does not appear to comply with current minimum well construction standards (See OAR 690 Division 210). The problem is that the Well Report indicates that the well head is not one foot above the local surface runoff. In order to meet minimum well construction standards, the well head must be extended so that it is at least seven feet above land surface

My recommendation is that the Department not issue a permit for Well 2 unless it is brought into compliance with current minimum well construction standards or information is provided showing that it is constructed to meet current minimum well construction standards.

The repair of Well 2 may not satisfy hydraulic connection issues.

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

WELL I.D. # L 63733
START CARD # 156993

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

(1) LAND OWNER Well Number 2209
Name C & L Farms
Address 26011 Old River Rd
City Monroe State OR Zip 97456

(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 27 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL	
Diameter	From To'	Material	From To' Sacks or pounds
<u>20"</u>	<u>0' 18'</u>	<u>Cement</u>	<u>0' 18' 22 Sacks</u>
<u>16"</u>	<u>18' 27'</u>		

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: <u>16"</u>	<u>+1'</u>	<u>27'</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>None</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 27'

(7) PERFORATIONS/SCREENS:
 Perforations Method Torch Cut
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>19'</u>	<u>26'</u>	<u>1/4" x 6"</u>	<u>176</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<u>200 GPM+</u>		<u>27'</u>	<u>1 hr.</u>

Pump Bailer Air Flowing Artesian

Temperature of water 56° 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 Benton Latitude _____ Longitude _____
Township 14S N of S Range 05W E of W WM.
Section 15 SE 1/4 SW 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Staw Pit Road
Monroe - 1/2 mi. East of Hwy 99W

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 6-26-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 19'

From	To	Estimated Flow Rate	SWL
<u>19'</u>	<u>27'</u>	<u>200+ GPM</u>	<u>10'</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Topsoil</u>	<u>0</u>	<u>3</u>	
<u>Sandy loam</u>	<u>3</u>	<u>13</u>	
<u>Blue Sand</u>	<u>13</u>	<u>15</u>	
<u>Brown Sand & GRAVEL</u>	<u>15</u>	<u>27</u>	<u>10'</u>

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JUL 22 2003
WATER RESOURCES DEPT
SALEM, OREGON

Date started 6-26-03 Completed 6-26-03

(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 the best of my knowledge and belief.
Signed John P. Helms WWC Number 1742 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 Donald J. Foving WWC Number 751 Date 6-26-03

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 16881
START CARD # 106418

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

(1) OWNER: Well Number 1595
Name Crocker Farms
Address 2718 Hubbard Rd
City Monroe State OR Zip 97456

(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 40 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL	
Diameter	From To	Material	From To
16"	0' 18'	Bentonite	0' 18'
12"	18' 40'		

How was seal placed: Method A B C D E
 Other Placed @ 1 sack per 5 min rate
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: 12"	7'	40'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: None				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 12" @ 40'

(7) PERFORATIONS/SCREENS:

Perforations Method Air Perforator
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
19'	38'	2x1	1600			<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Time
400+		39'	1 hr.

Temperature of water 56° 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 Benton Latitude _____ Longitude _____
Township 14S N or (S) Range 05W E or (W) WM.
Section 15 SE 1/4 SW 1/4
Tax Lot 302 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Stew Pit Rd Monroe, OR

(10) STATIC WATER LEVEL:
10' ft. below land surface. Date 4-16-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 19'

From	To	Estimated Flow Rate	SWL
19'	38'	400+ Gpm	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	2	
Sandy loam	2	14	
Cemented Gravel	14	21	10
Sand & Gravel	21	28	10
Cemented Gravel	28	33	10
Sand & Gravel	33	37	10
Cemented Gravel	37	39	10
Blue Clay	39	40	10

Date started 4-15-98 Completed 4-16-98
(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 the best of my knowledge and belief.

WWC Number _____
Signed _____ 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.

WWC Number 751
Signed Donald J. Floring Date 4-16-98