

Approved:



MEMO

To: Kristopher Byrd, Well Construction Manager
From: Tommy Laird, Well Construction Program Coordinator
Subject: Review of Water Right Application G-19245
Date: August 27, 2024

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

Applicant's Well #1 (DESC 3370): Based on a review of the Well Report, Applicant's Well #1 seems to protect the groundwater resource.

The construction of Well #1 may not satisfy hydraulic connection issues.

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

RECEIVED *DE SC*

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(1) OWNER:

Name Marcia Heglie Owner's Well Number: _____
 Address 67037 Paradise Alley **WATER RESOURCES DEPT.**
 City Bend State Ore Zip 97701 **SALEM, OREGON**

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:

Depth of Completed Well 358 ft.

Special Standards date of approval _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	24	cem	0	24	15 sacks
8"	24	327				
6"	327	358				

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	8"	0	24	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner	6"	0	327	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

PERFORATIONS/SCREENS:

Perforations Method machine
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
307	327	1/8 by				<input type="checkbox"/>	<input type="checkbox"/>
		3	228			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Pumping level	Drill stem at	Time 1/2 hr
14	25	356	1 hr

Temperature of water 53 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 Des Latitude _____ Longitude _____
 Township 15 S N or S, Range 11 E E or W, WM.
 Section 31 E 1/2 N 1/2 SE 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 67037 Paradise Alley Bend, Ore

(10) STATIC WATER LEVEL:

256 ft. below land surface. Date 6/24/87

Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG:

Material	From	To	WB?	SWL
sandy soil	0	2		
crse gravel brn sand	2	8		
gray congl	8	18		
brn ss congl	18	44		
dk gray vesicular (basalt)	44	56		
gray basalt	56	79		
redish gray basalt	79	106		
gray basalt	106	120		
red cinders	120	128		
gray basalt	128	139		
brn congl crse	139	143		
gray basalt	143	154		
brn congl med	154	180		
gray basalt	180	218		
brn ss congl med	218	256		256
brnsh gray congl crse	256	263	WB	
redish brn congl med	263	299	WB	
gray congl	299	321	WB	
gray basalt	321	348	WB?	
gray cinders	348	358	WB	

Date started 6/19/87 Completed 6/24/87

(unbonded) Water Well Constructor Certification:

I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed [Signature] Date 7/7/87

(bonded) Water Well Constructor Certification:

I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed [Signature] Date 7/7/87
Johnson Well Drilling

Company _____ Co. Job No. _____

Zenicola DESC 3370

WELL IDENTIFICATION FORM

Owner's Well Number: _____

CURRENT WELL OWNER:

Phone 503 - 399-0437

Name: NEAL J. + La Vanda GORDON

Mailing Address: 1081 Harris SE

City: Bend State: OR Zip: Salem 97302

WELL LOCATION:

County: DESC Latitude: 3370 Longitude: _____

Township: 15 N or S, Range: 110 E or W Section: 31 1/4 1/4

Tax Lot Number: 00908

Street Address of Well (if different from above): 17330 Greenleaf Lane
(via Realty office) Bend, OR

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL INFORMATION:

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: Marcia Heglie

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____ If yes: _____

Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to: **Oregon Water Resources Department**
158 12th Street NE
Salem, OR 97310

(Office use only)

Well Identification Number: 200797