

Approved:



MEMO

To: Kristopher Byrd, Well Construction Manager
From: Tommy Laird, Well Construction Program Coordinator
Subject: Rereview of Water Right Application LL-1995
Date: February 5, 2025

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

Applicant's Well #1 (POLK 54400): 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 SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

POLK 54400

WELL I.D. LABEL# L

137352

START CARD #

1046863

ORIGINAL LOG #

5/5/2020

(1) LAND OWNER

Owner Well I.D. 3262

First Name _____ Last Name _____
Company DOMAINE SERENE VINEYARDS & WINERY
Address 6555 NE HILLTOP LN
City DAYTON State OR Zip 97114

(2) TYPE OF WORK☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)**(2a) PRE-ALTERATION**

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
Material From To Amt sacks/lbs
Seal: _____

(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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 322.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10	0	120	Bentonite Chips	0	113	51	S
8	120	222	Calculated			50	
6	222	322	Cement	113	222	34	S
			Calculated			21	

How was seal placed: Method ☒ A ☐ B ☐ C ☐ D ☐ E☒ Other POUR/PROBE/HYDRATE

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

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

Explosives used: ☐ Yes Type _____ Amount _____**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount

Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	2	222	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	22	282	sch40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☒ Yes Dia 10 From + ☒ 1 To 7**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type machine slotted Material PVC

Perf/	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Liner					width	length	slots	pipe size
			4	282	322	.032			

(8) WELL TESTS: Minimum testing time is 1 hour☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
21.5		320	1
21.5		310	1.5

Temperature 54 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 64 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County POLK Twp 6.00 S N/S Range 3.00 W E/W WMSec 18 NW 1/4 of the NW 1/4 Tax Lot 302

Tax Map Number _____ Lot _____

Lat _____ " or 45.05520851 DMS or DD

Long _____ " or -123.10853148 DMS or DD

☒ Street address of well ☐ Nearest address3700 BETHEL HEIGHTS RD. NW. SALEM**(10) STATIC WATER LEVEL**

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	4/23/2020			231
Flowing Artesian? <input type="checkbox"/> Dry Hole? <input type="checkbox"/>				

WATER BEARING ZONESDepth water was first found 291.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
4/23/2020	291	313	21.5			231

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top Soil	0	5
Clay, brown w/cobbles	5	18
Basalt, decayed w/some clay	18	28
Basalt, hard gray w/occ brown decay	28	42
Basalt, hard gray broken, some decay	42	56
Same, w/some gray claystone	56	63
Basalt, soft decay/stewed brown	63	121
Basalt, hard gray	121	228
Basalt, same but rough/grabby	228	235
Basalt, hard gray	235	274
Same, w/occ thin hard brown layers	274	279
Basalt, hard gray	279	291
Basalt, med Dk gray/black w/occ brown	291	313
Basalt, hard gray	313	322

Date Started 4/10/2020Completed 4/23/2020**(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 _____ Date _____

Signed _____

(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 1438 Date 4/24/2020Signed DAVID PAYSINGER (E-filed)Contact Info (optional) bluewaterdrilling.com || 503 868 7878

ORIGINAL - WATER RESOURCES DEPARTMENT

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

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

POLK 54400

5/5/2020

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 45.05520851 Datum: WGS84

Longitude: -123.10853148

Township/Range/Section/Quarter-Quarter Section:

WM6.00S3.00W18NWNW

Address of Well:

3700 BETHEL HEIGHTS RD. NW. SALEM

Well Label: 137352

Printed: April 23, 2020

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

