

Approved:



MEMO

To: Kristopher Byrd, Well Construction Manager
From: Tommy Laird, Well Construction Program Coordinator
Subject: Review of Water Right Application G-19340
Date: February 26, 2025

The attached application was forwarded to the Well Construction Section by the Groundwater Section. Gabriela Ferreira and Dennis Orlowski reviewed the application. Please see Gabriela's and Dennis' Groundwater Review and the Well Report.

Applicant's Well #Well 1 (WASH 65464): 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 there was not enough seal material used in the lower portion of the well to appropriately seal the well. In addition, the interval between the upper and lower seal was filled with "drill slurry" instead of impermeable sealing material. In order to meet minimum construction standards, this well must be resealed with an approved grout.

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

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 88253

START CARD # 193521

(1) LAND OWNER

Owner Well I.D. _____

First Name CHESTER

Last Name THOMPSON

Company _____

Address 6880 NW 271ST AVE

City HILLSBORO

State OR

Zip 97124

(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 725 ft.

BORE HOLE			SEAL			Amt	lbs
Dia	From	To	Material	From	To		
10	0	627	Bentonite	0	27	22	S
6	627	725	Cement	475	627	25	S

How was seal placed: Method ☐ A ☒ B ☐ C ☐ D ☐ E☒ Other POURED IN ANNULAR

Backfill placed from 27 ft. to 475 ft. Material DRILL SLURRY

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

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plat	Wid	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6		1	627	.250	<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 _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/	Casing/	Screen	Screen	Liner	Dia	From	To	Screen slot width	Slot length	# of slots	Tele/ pipe size

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
18		200	1 HR
36		400	
55		700	1 HR

Temperature 58 °F Lab analysis ☒ Yes By AMIWater quality concerns? ☐ Yes (describe below)

From _____ To _____ Description _____ Amount _____

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(9) LOCATION OF WELL (legal description)

County WASHINGT' Twp 1 N N/S Range 2 W E/W WM

Sec 17 NE 1/4 of the SE 1/4 Tax Lot 709

Tax Map Number _____ Lot _____

Lat _____ ° 0 ' " or _____ DMS or DD

Long _____ ° 0 ' " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

6880 NW 271ST AVE

(10) STATIC WATER LEVEL

Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening			
Completed Well	06-15-2007		88

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 670

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
06-14-2007	670	681	12		88
06-14-2007	696	727	43		88

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOPSOIL	0	1
BROWN SILTY CLAY	1	24
SOFT GRAY SILTY CLAY	24	65
STICKY GRAY CLAY	65	80
STICKY GRAY-BROWN CLAY	80	111
STICKY GRAY CLAY	111	167
GRAY SANDY CLAY	167	175
STICKY GRAY CLAY	175	21
SOFT BROWN CLAY	212	219
FINE TO MED BLACK SAND	219	224
SOFT GRAY SANDY CLAY	224	237
FINE TO MED BLACK SAND	237	240
STICKY GRAY CLAY	240	274
SOFT GRAY SANDY CLAY	274	283
STICKY GRAY-BROWN CLAY	283	292
SOFT BROWN CLAY	292	298
STICKY GRAY CLAY	298	358
FINE TO MED BLACK SAND	358	370
STICKY GRAY CLAY	370	464

Date Started 06-01-2007

Completed 06-15-2007

(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 _____

Password: (if filing electronically) _____

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 1266 Date 6/21/07

Password: (if filing electronically) _____

Signed _____

Contact Info (optional) _____

WATER RESOURCES DEPT
ORIGINAL WATER RESOURCES DEPARTMENT
SALEM, OREGON

(10) STATIC WATER LEVEL

Water Bearing Zones

[illegible]

(11) WELL LOG

Material	From	To
STICKY BROWN CLAY	464	542
FIRM BROWN CLAY	542	559
FIRM RED-BROWN CLAY	559	581
DECOMP BROWN BASALT	581	617
FIRM GRAY-BLACK BASALT	617	670
SOFT BLACK BASALT	670	681
FIRM GRAY-BLACK BASALT	681	690
SOFT BLACK BASALT	690	696
FIRM GRAY BASALT W/ SOFT INTERBEDS	696	725

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WATER RESOURCES DEP
SALEM OREGON

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

Comments/Remarks

From	To	Description	Amount	Units