Approved:

MEMO

To: Kristopher Byrd, Well Construction Manager

From: Tommy Laird, Well Construction Program Coordinator

Subject: Review of Water Right Application G-19391

Date: March 10, 2025

The attached application was forwarded to the Well Construction Section by the Groundwater Section. Steve Ahlquist and Travis Brown reviewed the application. Please see Steve's and Travis' Groundwater Review and the Well Reports.

Applicant's Well #Well 1 (YAMH 604): 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.

Applicant's Well #Well 2 (YAMH 7059): Based on a review of the Well Report, Applicant's Well 2 seems to protect the groundwater resource.

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

STATE OF OREGON

WATER WELL REPORT (as required by ORS 537.765)



FEB = 1 1989

5/4/klda

WATER RESOURCES RETART CARD) # 8771

(1) OWNER: Well Number: 1043	(9) LOCATION OF WELL by legal description:	
Name CRAIG KEELER Address 26700 SW. McConnell Rd.	County VAM HILL Latitude	,
Address 26700 SW. McConnell Rd. City Sheward State OR Zip 97140	Township Nor S Range F of W	$\mathcal{K}_{\mathbf{MM}}$
(2) TYPE OF WORK:	Section 2/ NE 1/4 5E 1/4	
	Tax Lot Lot Block Subdivision	
New Well Deepen Recondition Abandon (3) DRILL METHOD	Street Address of Well (or nearest address) 5500 5 E RICE LW. Am 174	
M Rotary Air ☐ Rotary Mud ☐ Cable ☐ Other	(10) STATIC WATER LEVEL:	
(4) PROPOSED USE:	30ft. below land surface. Date	<u>4-8</u>
Domestic Community Industrial Irrigation	Artesian pressure lb. per square inch. Date	
☐ Thermal ☐ Injection ☐ Other	(11) WATER BEARING ZONES:	
(5) BORE HOLE CONSTRUCTION:	Depth at which water was first found 90	
Special Construction approval Yes No Depth of Completed Well	From To Estimated Flow Rate	SWL
Yes No	90 112 100	30
HOLE SEAL Diameter From To Material From To sacks or pounds		
	(10) WHIT TO G	
83/4 0 26 CEMENT 0 26 6	(12) WELL LOG: Ground elevation	
6" 26 115	Material From To	SWL
How was seal placed: Method A B C D E	TOP SOIL W/CORRIES 0 3	
Other	DROWN C/AY 5 16	
Backfill placed fromft. toft. Material	LIGHT GRAY SHALE 16 90	
Gravel placed from ft. to ft. Size of gravel	DICED GREEN/GRAY Shale 90 112	30
(6) CASING/LINER:	LIGHT GRAY Shale 112 115	
Diameter From To Gauge Steel Plastic Welded Threaded		·
Casing:		
Liner: 4" 0 //2		
Liner: 4" 0 //2		
Final location of shoe(s)		
(7) PERFORATIONS/SCREENS:		
Perforations Method SAW		
Screens Type Material		
Slot Tele/pipe From To size Number Diameter size Casing Liner		
From To size Number Diameter size Casing Liner		
80 1/2 /44/ /28		
80 1/2 /41/28		
	Date started 1-23-89 Completed 1-24-89	
	(unbonded) Water Well Constructor Certification:	
(8) WELL TESTS: Minimum testing time is 1 hour	I certify that the work I performed on the construction, alteret	tion, or
☐ Pump Bailer M Air Awtonion	abandonment of this well is in compliance with Oregon well const	ruction
Yield gal/min Drawdown Drill stem at Time	standards. Materials used and information reported above are true to knowledge and belief.	
/00 //2 1 hr.	Signed David & Paymyl WWC Number 14 Date 1-35-89	38
	Signed Lewid D. Payengh Date 1-23-89	<u> </u>
	(bonded) Water Well Constructor Certification:	
Temperature of water Depth Artesian Flow Found	I accept responsibility for the construction, alteration, or abandon	nment
by whom	work performed on this well during the construction dates reported ab work performed during this time is in compliance with Orego	n wall
Did any strata contain water not suitable for intended use?	construction standards. This report is true to the best of my knowled	lge and
_ state _ state _ other _ other _	O D D O WWC Number	. 5 6
- vp	Signed 10000 Delburg Date 1-28	-x7

JUN 2 3/9 MH 7059 AUG 26 1988 STATE OF OREGON WATER WELL REPORT' (as required by ORS 537.765) TO DESCURCES DEPTMATER RESOURCES DEPT (1) OWNE (9) LSALEMONE FOWELL by legal description: Well Number: 2 Name onnell State Ok TYPE OF WORK: Subdivision 🗶 New Well ☐ Deepen ☐ Recondition ☐ Abandon Street Address of Well (or nearest address (3) DRILL METHOD Rotary Air ☐ Rotary Mud ☐ Cable STATIC WATER LEVEL: Other ft. below land surface. (4) PROPOSED USE: lb. per square inch. **Domestic** ☐ Community ☐ Industrial ☐ Irrigation (11) WATER BEARING ZONES: ☐ Injection Other Depth at which water was first found (5) BORE HOLE CONSTRUCTION: Special Construction approval Yes Depth of Completed Well From То Estimated Flow Rate SWL 150 Amount Amount Material, sacks or pounds emen t (12) **WELL LOG:** Ground elevation То From SWL □в □ C. □ D How was seal placed: Method Other _ Backfill placed from _ Material Gravel placed from _ ft. to . Size of gravel CASING/LINER: RAY SHALE Diameter Gauge Steel Plastic From Welded Threaded X П П Liner: l location of shoe(s). (7) PERFORATIONS/SCREENS: ☐ Perforations ☐ Screens Material Slot Tele/pipe To Tom Number Diameter Casing Liner Date started Completed (unbonded) Water Well Constructor Certification: (8) WELL TESTS: Minimum testing time is 1 hour I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction ☐ Pump ☐ Bailer 🔀 Air ☐ Artesian standards. Materials used and information reported above are true to my best Yield gal/min Drawdown Drill stem at Time knowledge and belief. 1 hr. (bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment Temperature of water Depth Artesian Flow Found work performed on this well during the construction dates reported above. all Yes By whom Was a water analysis done? work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and Did any strata contain water not suitable for intended use?

Too little ☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other Signed . WHITE COPIES - WATER RESOURCES DEPARTMENT YELLOW COPY - CONSTRUCTOR PINK COPY - CUSTOMER 9809C 10/86

№ 3937

"START CARD" NOTICE OF BEGINNING OF WELL CONSTRUCTION (as required by ORS 537.762)

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address	CRAIB Ke 26700 Su Sherwood, C	eleR s. McConnell DR 97140	Rd.
Proposed Commence Proposed Well Depth and Use: Commestic Thermal	☐ Community☐ Injection /	5-88 Diameter	☐ Irrigation
Proposed Well Location Township At least 2 of these must be provided	2. street address of well location 3. tax lot number of well (see reverse of this form	1/4 of above section 6000 SE location with location identified.	w) Section 21 on ice LN, Amity
provided herein is acc			t of our knowledge the information tanks and septic drain fields. Allowand ded Water Well Constructor 4/7

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.