

Approved:



MEMO

To: Kristopher Byrd, Well Construction Manager
From: Tommy Laird, Well Construction Program Coordinator
Subject: Review of Water Right Application G-19423
Date: April 28, 2025

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

Applicant's Well #1 (UNIO 52461): 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)

UNIO 52461

6/18/2014

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

112279

1021552

(1) LAND OWNER

Owner Well I.D. _____

First Name SHAWNLast Name BINGAMAN

Company _____

Address PO BOX 143City IMBLER State OR Zip 97841**(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 1036.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
20	0	60	Cement	0	60	75	S
15	60	1036					

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other _____

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
☒ Inside ☐ Outside ☐ Other Location of shoe(s) 998
Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type spiral wound Material ss

Perf/	Casing/	Screen	Liner	Dia	From	To	Scrn/slot	Slot	# of	Tele/
							width	length	slots	pipe size
Screen	Liner	12	518	538	.06					12
Screen	Liner	12	938	978	.06					12

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1200		600	4
1200		300	3
500		200	

Temperature 68 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County UNIO Twp 1.00 S N/S Range 39.00 E E/W WMSec 3 SE 1/4 of the SE 1/4 Tax Lot 1000

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☐ Street address of well ☒ Nearest addressRHINEHART LANEIMBLER, OR 97841**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	6/11/2014			12

Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**Depth water was first found 448.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
11/14/2013	448	1036	1200			12

(11) WELL LOG

Ground Elevation _____

Material	From	To
Soil	0	2
Brown Wet Clay	2	10
Brown Dry Clay	10	40
Black Basalt w/trace Gray & Red Basalt	40	90
Black Basalt/Gray Basalt	90	134
Black Basalt	134	162
Black Basalt w/Brown and Red Basalt	162	180
Black Basalt w/Brown Sandstone	180	254
Brown Sandstone w/Brown Claystone	254	440
Brown Sandstone w/Blue/Green Claystone	440	448
Brown Sandstone/Brown Claystone	448	521
Gray Claystone	521	532
Gray Claystone w/Brown Sandstone	532	598
Brown Sandstone	598	931
Brown Claystone w/Brown Sandstone	931	985
Brown Sandstone w/Brown & Green Claystone	985	1036

Date Started 10/31/2013 Complete 6/11/2014**(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 1881 Date 6/18/2014Signed GARRY L ZOLLMAN (E-filed)Contact Info (optional) Garry Zollman

ORIGINAL - WATER RESOURCES DEPARTMENT

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

