

Approved:



MEMO

To: Kristopher Byrd, Well Construction Manager
From: Tommy Laird, Well Construction Program Coordinator
Subject: Rereview of Water Right Application G-19448
Date: June 30, 2025

The attached application was forwarded to the Well Construction Section by the Groundwater Section. Aaron Orr reviewed the application. Please see Aaron's Groundwater Review and the Well Reports.

Applicant's Well #Roth Well (MARI 55650): Based on a review of the amended Well Report, Applicant's Well Roth Well seems to protect the groundwater resource.

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

Applicant's Well #Kuenzi Well (MARI 61370): Based on a review of the Well Report, Applicant's Well Kuenzi Well seems to protect the groundwater resource.

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

Applicant's Well #Zeek Well (MARI 64807): Based on a review of the Well Report, Applicant's Well Zeek Well seems to protect the groundwater resource.

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

Applicant's Well #Proposed Well 1 through Proposed Well 3 (Proposed): Proposed Well 1 through Proposed Well 3 are proposed wells, therefore they cannot be reviewed for construction. Construction of these proposed wells shall be completed in a manner that protects ground water resources as required under Oregon Administrative Rules 690-200 through 690-240. During construction of these wells, specific attention should be paid to ensure sealing requirements are met and that the wells do not commingle aquifers.

The construction of Proposed Well 1 through Proposed Well 3 may not satisfy hydraulic connection issues.

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

WATER RESOURCES DEPT
SALEM, OREGON

WELL LABEL # L 87491

START CARD # 171675

(1) LAND OWNER

Owner Well I.D. _____

First Name MYRON Last Name KUENZI
Company _____
Address 6500 STATE ST
City SALEM State OR Zip 97301

(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 445 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
12	0	27	Cement	0	27	26 S
10	27	223	Cement	143	223	16 S
8	223	445				

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

Backfill placed from 27 ft. to 143 ft. Material cement 18 sacks

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

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	223	.250	<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"/>	<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/S creen	Casing/Screen Liner	Screen Dia	From	To	Scrn/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)
250		444	2

Temperature 53 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 7 S N/S Range 2 W E/W WM
Sec 34 NE 1/4 of the SW 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

1074 62ND AVE NE SALEM OR

(10) STATIC WATER LEVEL

Date	SWL(psi)	+ SWL(ft)
Existing Well / Predeepening		
Completed Well	12-28-2007	46.5

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 150

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
12-20-2007	150	171	50		42
12-28-2007	269	445	300		46.5

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil	0	4
Brown clay	4	10
Large broken boulders	10	17
Broken gray basalt	17	22
Red cinders basalt	22	35
Gray basalt	35	43
black basalt	43	47
Gray basalt	47	150
Broken gray basalt	150	171
Gray basalt	171	269
Semi-porous gray basalt	269	329
Medium hard gray basalt with lots of small fractures	329	445

Date Started 12-08-2007 Completed 12-28-2007

(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 1629 Date 01-03-2008

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 1273 Date 01-03-2008

Password : (if filing electronically) ****

Signed Floyd Sippe

Contact Info (optional) _____

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

WELL I.D. LABEL# L 81986
START CARD # 209642
ORIGINAL LOG # MARION

(1) LAND OWNER

Owner Well I.D. _____
First Name CARL & ANN Last Name JENSEN
Company JENSEN FAMILY FARMS
Address 7157 STATE ST NE
City SALEM State OR Zip 97371

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Stl Plstc Wld Thrd
Casing: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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 CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 505.00 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
17.5	0	50	Bentonite Chips	0	50	61 S
17.5	50	90	Bentonite Chips	50	90	30 S
17.5	90	107	Cement	90	107	50 S
12	107	465				

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

☒ Other BRADEN METHOD CHIP FOUR

Backfill placed from 50 ft. to 90 ft. Material BENT CHIPS

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
☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)
Temp casing ☒ Yes Dia 20 From 0 To 18

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type		Material					
Perf/	Casing/ Screen	Screen Liner	Dia	From	To	Scr/slot width	Slot length

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

☒ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
500		100	3
500	45	200	4

Temperature 54 °F Lab analysis ☐ Yes By

Water quality concerns? ☐ Yes (describe below) TDS amount 0.04

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 7.00 S N/S Range 1.00 W E/W WM
Sec 28 NW 1/4 of the SW 1/4 Tax Lot 200
Tax Map Number Lot

Lat " or DMS or DD
Long " or DMS or DD

☐ Street address of well ☒ Nearest address

1291 62 ST SE SALEM OR. 97301

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+ SWL (ft)
Existing Well / Pre-Alteration			
Completed Well	5/15/2013		24

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 49.00

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
5/24/2013	49	101	100		14
5/30/2013	116	505	500		24

(11) WELL LOG

Ground Elevation

Material	From	To
Top soil	0	3
Clay sticky brown	3	6
Clay silty brown (old river bed)	6	14
Clay med brown	14	42
Gravel, conglomerate brn & grey dry	42	49
Cemented tight, large conglomerate 2-3"	49	72
Loose sand, some gravel mix brown & grey	72	101
Basalt altered cap rock brn-yellow-blk	101	102
Basalt hard blk	102	116
Basalt altered brn-red (iron innerbeds	116	124
Basalt hard blk	124	231
Basalt med altered brn-blk-red	231	250
Basalt hard blk	250	319
Basalt hard grey	319	330
Basalt med blk	330	337
Basalt blk med	337	342
Basalt blk hard	342	411
Basalt blk med	411	451
Basalt fract med blk	451	465

Date Started 4/10/2013 Complete 5/15/2013

(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

JUN 24 2013

(bonded) Water Well Constructor Certification WATER RESOURCES DEPT

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 723 Date 6/18/2013

Signed CHARLES STADELI (E-filed)

Contact Info (optional) Chuck Stadel 503-551-1930

ORIGINAL - WATER RESOURCES DEPARTMENT

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

