

Approved:



# MEMO

**To:** Kristopher Byrd, Well Construction Manager  
**From:** Tommy Laird, Well Construction Program Coordinator  
**Subject:** Rereview of Water Right Application G-19441  
**Date:** July 28, 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 Reports.

Applicant's Well #1 (LINN 62466): 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 #3 (LINN 62681): Based on a review of the Well Report, Applicant's Well #3 seems to protect the groundwater resource.

The construction of Well #3 may not satisfy hydraulic connection issues

Applicant's Well #4 (LINN 60537): Based on a review of the Well Report, Applicant's Well #4 seems to protect the groundwater resource.

The construction of Well #4 may not satisfy hydraulic connection issues

Applicant's Well #5 (MARI 68533): Based on a review of the amended Well Report, Applicant's Well #5 seems to protect the groundwater resource.

The construction of Well #5 may not satisfy hydraulic connection issues



STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 &amp; OAR 690-205-0210)

WELL I.D. LABEL# L 128949

START CARD # 1042218

ORIGINAL LOG #

## (1) LAND OWNER

Owner Well I.D. 5980

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company Quiet Meadow Farms

Address P.O. Box 717

City Jefferson State OR Zip 97352

## (2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ ConversionAlteration (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 60 ft.

## BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/
16	0	63	Bentonite	0	18	20	S
						Calculated	14.9
						Calculated	

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

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 Pounds Actual Amount Pounds

## (6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	2	60	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) \_\_\_\_\_Temp casing ☒ Yes Dia 16 From 0 To 63

## (7) PERFORATIONS/SCREENS

Perforations Method Torch (acetylene)

Screens Type \_\_\_\_\_

Material \_\_\_\_\_

Perf/S	Casing/Screen	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing	12	21	60	.375	10	500	

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

600		60	1

Temperature 52 °F Lab analysis ☐ Yes By \_\_\_\_\_Water quality concerns? ☐ Yes (describe below) TDS amount 85

From To Description Amount Units


RECEIVED

MAY 20 2019

ORIGINAL - WATER RESOURCES DEPARTMENT

## (9) LOCATION OF WELL (legal description)

County Linn Twp 10 S N/S Range 2 W E/W WM

Sec 17 SE 1/4 of the NW 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

Densmore Rd. - Jefferson, OR 97352

## (10) STATIC WATER LEVEL

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Pre-Alteration			
Completed Well	03-27-2019		17

Flowing Artesian? ☐ Dry Hole? ☐

## WATER BEARING ZONES

Depth water was first found 20

SWL Date From To Est Flow SWL(psi) + SWL(ft)

03-28-2019	20	63	600		17

## (11) WELL LOG

Ground Elevation \_\_\_\_\_

Material	From	To
Brown clay	0	2
Brown sandy loam	2	8
Cemented sand & gravel	8	15
Sand & gravel	15	40
Sand & large gravel	40	63

Hole naturally caved to 18' between 16" &amp; 12"

JONES DRILLING CO., INC.

29400 SANTIAM HWY.

LEBANON, OR 97355

541-367-2560 541-451-2686

1-800-915-8388

Date Started 03-27-2019

Completed 03-29-2019

## (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 1888 1411 Date 5/16/19

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 1684

Date 5/16/19

Signed 

Contact Info (optional) jonesdrilling@hotmail.com

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

Revised

WELL LABEL # L 110124

START CARD # 1020945

(1) LAND OWNER

Owner Well I.D. 5357

First Name Thomas Last Name Avinelix  
Company Quiet Meadows Farm  
Address 38615 Densmore Rd.  
City Jefferson State OR Zip 97352

(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 59 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
16	1	59	Bentonite	0	18	42	S

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

☒ Other Poured dry

Backfill placed from ft. to ft. Material

Filter pack from 18 ft. to 32 ft. Material washed rock Size 3/4&1/2

Explosives used: ☐ Yes Type Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	1	59	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 16 From 0 To 59

(7) PERFORATIONS/SCREENS

Perforations Method Torch cut

Screens Type Material

Perf/S	Casing/	Screen	Liner	Dia	From	To	Scm/slot	Slot	# of	Tele/
screen	liner	dia					width	length	slots	pipe size
Perf	Casing	12		32	59	.438	10	325		

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

600+		50	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 LINN Twp 10 S N/S Range 2 W E/W WM

Sec 17 NW 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

38615 Densmore Rd. Jefferson, OR 97352

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening

Completed Well 09-03-2013 5

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 20

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
09-03-2013	20	59	600+		5

(11) WELL LOG

Ground Elevation

Material	From	To
Topsoil	0	2
Brown clay	2	15
Black sand	15	30
Sand & gravel	30	48
Gravel and sand cemented	48	54
Sand & Gravel	54	60

Naturally caved gravel pack rock  
from 32 + 59

JONES DRILLING CO., INC.

29400 SANTIAM HWY.

LEBANON, OR 97355

541-367-2560 541-451-2686

1-800-915-8388

Date Started 08-30-2013 Completed 09-03-2013

(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 1888 Date 09-17-2013

Password : (if filing electronically)

Signed

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License Number 1684 Date 09-17-2013

Password : (if filing electronically)

Signed

Contact Info (optional) jonesdrilling@hotmail.com

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 110124

START CARD # 1020945

(1) LAND OWNER

Owner Well I.D. 5357

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company Riverbend Organic Farms  
Address 35711 Helms Dr.  
City Jefferson State OR Zip 97352

(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 \_\_\_\_\_

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Explosives used: ☐ Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

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<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"/>
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Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) \_\_\_\_\_

Temp casing ☒ Yes Dia 16 From 0 To 59

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Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/S	Casing/ Screen	Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
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Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

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Sec 17 NW 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

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(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	09-03-2013			5

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

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Sand & gravel	30	48
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Sand & gravel	54	60

Naturally caved gravel pack rock  
from 32 + 59

RECEIVED BY OWRD  
JONES DRILLING CO., INC.  
29400 SANTIAM HWY.  
LEBANON, OR 97355  
541-367-2560 541-451-2686  
1-800-915-8388  
SEP 12 2013  
SALEM, OR

Date Started 08-30-2013

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License Number 1888 Date 09-09-2013

Password : (if filing electronically)

Signed *Ken L. Jones*

(bonded) Water Well Constructor Certification

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License Number 1684

Date 09-09-2013

Password : (if filing electronically)

Signed *Ken L. Jones*

Contact Info (optional) jonesdrilling@hotmail.com

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Form Version: 0.95

