Approved: 

# MEMO

**To:** Kristopher Byrd, Well Construction Manager

**From:** Tommy Laird, Well Construction Program Coordinator

**Subject:** Review of Water Right Application LL-2014

**Date:** October 22, 2025

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

Applicant's Well #1 (MARI 63260): 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 to surface water.

MAR62260

RECEIVED

SEP 24 2010

WATER RESOURCES DEPT
SALEM, OREGON

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

**WELL LABEL # L** 102925

**START CARD #** 205285

## (1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company TA OPERATING LLC

Address 24601 CENTER RIDGE RD

City WESTLAKE State OH Zip 97493

## (2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

## (3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other _____

## (4) PROPOSED USE

[ ] Domestic [ ] Irrigation [ ] Community
[X] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other _____

## (5) BORE HOLE CONSTRUCTION

Special Standard [ ] Attach copy

Depth of Completed Well 221 ft.

| BORE HOLE Dia | From | To | SEAL Material | From | To | Amt | sacks/ lbs |
|---|---|---|---|---|---|---|---|
| 14 | 0 | 20 | Bentonite | 0 | 5 | 6 | S |
| 12 | 20 | 70 | Cement | 5 | 70 | 40 | S |
| 10 | 70 | 170 | Cement | 70 | 170 | 28 | S |
| 6 | 170 | 221 | | | | | |

How was seal placed: Method [ ] A [ ] B [X] C [X] D [ ] E

[ ] Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (•) | ( ) | 6 | [X] | 1 | 170 | .250 | (•) | ( ) | [X] | [ ] |
| ( ) | ( ) | | [ ] | | | | ( ) | ( ) | [ ] | [ ] |
| ( ) | ( ) | | [ ] | | | | ( ) | ( ) | [ ] | [ ] |
| ( ) | ( ) | | [ ] | | | | ( ) | ( ) | [ ] | [ ] |
| ( ) | ( ) | | [ ] | | | | ( ) | ( ) | [ ] | [ ] |

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) _____

Temp casing [X] Yes Dia _____ From _____ To _____

## (7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

| Perf/Screen | Casing/ 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) |
|---|---|---|---|
| 125 | | 220 | 3 |
| | | | |
| | | | |

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 4 S N/S Range 1 W E/W WM

Sec 9 1/4 of the 1/4 Tax Lot 1100

Tax Map Number _____ Lot _____

Lat ° ' " or 45.23666667 DMS or DD

Long ° ' " or 122.80694444 DMS or DD

( ) Street address of well ( ) Nearest address

21856 BENTS RD NE AURORA, OR

## (10) STATIC WATER LEVEL

| | Date | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|
| Existing Well / Predeepening | | | [ ] | |
| Completed Well | 09-01-2010 | | [ ] | 88 |

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 28

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|---|---|
| 08-18-2010 | 28 | 28 | 5 | | [ ] | 15 |
| 08-23-2010 | 72 | 150 | 30 | | [ ] | 70 |
| 09-01-2010 | 170 | 221 | 125 | | [ ] | 88 |
| | | | | | [ ] | |
| | | | | | [ ] | |

## (11) WELL LOG

Ground Elevation _____

| Material | From | To |
|---|---|---|
| Black top over crushed rock | 0 | 1 |
| Silty brown clay with trace of sand | 1 | 28 |
| Firm gray-blue clay | 28 | 36 |
| Blue-gray sticky and gritty clay | 36 | 54 |
| Tan clay | 54 | 56 |
| Brown clay | 56 | 72 |
| Brown sand with brown binder | 72 | 85 |
| Red very fine sand and gravel | 85 | 96 |
| Brown very sandy soft clay w/fine sandy seams | 96 | 126 |
| Fine brown sand with some gravels | 126 | 144 |
| Broken basalt dark w/brown dark sandy gravel | 144 | 150 |
| Hard dark gray basalt | 150 | 170 |
| Semi-fractured gray basalt | 170 | 176 |
| Porous semi-broken gray basalt | 176 | 185 |
| Weathered brown basalt | 185 | 188 |
| Semi-fractured gray basalt | 188 | 190 |
| Hard dark gray basalt with some fractured seams | 190 | 221 |
| | | |
| | | |

Date Started 08-17-2010 Completed 09-02-2010

**(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 09-07-2010

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 09-07-2010

Password : (if filing electronically) ****

Signed Floyd Sipp

Contact Info (optional)

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