

PUBLIC INTEREST REVIEW FOR GROUND WATER APPLICATIONS

TO: Water Rights Section Date November 13, 2009

FROM: Ground Water/Hydrology Section Marc Norton
Reviewer's Name

SUBJECT: Application G- 17273 Supersedes review of _____
Date of Review(s)

PUBLIC INTEREST PRESUMPTION; GROUNDWATER

OAR 690-310-130 (1) *The Department shall presume that a proposed groundwater use will ensure the preservation of the public welfare, safety and health as described in ORS 537.525.* Department staff review ground water applications under OAR 690-310-140 to determine whether the presumption is established. OAR 690-310-140 allows the proposed use be modified or conditioned to meet the presumption criteria. **This review is based upon available information and agency policies in place at the time of evaluation.**

A. GENERAL INFORMATION: Applicant's Name: Wayne Bean County: Morrow

- A1. Applicant(s) seek(s) 0.14 cfs from 1 well(s) in the Umatilla Basin,
 _____ subbasin Quad Map: Boardman
- A2. Proposed use: Irrigation (9.26 acres) + domestic Seasonality: March 1 – October 31
- A3. Well and aquifer data (attach and number logs for existing wells; mark proposed wells as such under logid):

Well 1	Logid	Applicant's Well #	Proposed Aquifer*	Proposed Rate(cfs)	Location (T/R-S QQ-Q)	Location, metes and bounds, e.g. 2250' N, 1200' E fr NW cor S 36
1	MORR51531	1	CRBG	0.14	04N/25E-15 SE SE	150' W, 40' N fr SE cor S 15
2						
3						
4						
5						

* Alluvium, CRB, Bedrock

Well	Well Elev ft msl	First Water ft bls	SWL ft bls	SWL Date	Well Depth (ft)	Seal Interval (ft)	Casing Intervals (ft)	Liner Intervals (ft)	Perforations Or Screens (ft)	Well Yield (gpm)	Draw Down (ft)	Test Type
1	390	90	43	12/13/07	160	0 – 58	+2 – 58	-----	-----	100	-----	Air

Use data from application for proposed wells.

A4. **Comments: Normal pool elevation for Lake Umatilla is 266 feet.**

Requested discharge rate is 65 gpm = 0.14 cfs (55 gpm for irrigation and 10 gpm for domestic).

A5. **Provisions of the _____ Basin rules relative to the development, classification and/or management of ground water hydraulically connected to surface water are, or are not, activated by this application. (Not all basin rules contain such provisions.)**
 Comments: NA

A6. **Well(s) # _____, _____, _____, _____, tap(s) an aquifer limited by an administrative restriction. Name of administrative area: _____**
 Comments: NA

C. GROUND WATER/SURFACE WATER CONSIDERATIONS, OAR 690-09-040

C1. **690-09-040 (1):** Evaluation of aquifer confinement:

Well #	Aquifer or Proposed Aquifer	Confined	Unconfined
1	Shallow basalt aquifer (CRBG)	<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"/>

Basis for aquifer confinement evaluation: Ground water level rose above where it was encountered during drilling.

C2. **690-09-040 (2) (3):** Evaluation of distance to, and hydraulic connection with, surface water sources. All wells located a horizontal distance less than ¼ mile from a surface water source that produce water from an unconfined aquifer shall be assumed to be hydraulically connected to the surface water source. Include in this table any streams located beyond one mile that are evaluated for PSI.

Well #	SW #	Surface Water Name	GW Elev ft msl	SW Elev ft msl	Distance (ft)	Hydraulically Connected?			Potential for Subst. Interfer. Assumed?	
						YES	NO	ASSUMED	YES	NO
1	1	Columbia River	345	266	12000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

Basis for aquifer hydraulic connection evaluation: Ground water levels are above the normal pool elevation of Lake Umatilla. The water bearing zones are similar in elevation to the depth of the lake.

Water Availability Basin the well(s) are located within: NONE

C3a. **690-09-040 (4):** Evaluation of stream impacts for each well that has been determined or assumed to be **hydraulically connected and less than 1 mile** from a surface water source. Limit evaluation to instream rights and minimum stream flows that are pertinent to that surface water source, and not lower SW sources to which the stream under evaluation is tributary. Compare the requested rate against the 1% of 80% *natural* flow for the pertinent Water Availability Basin (WAB). If Q is not distributed by well, use full rate for each well. Any checked box indicates the well is assumed to have the potential to cause PSI.

Well #	SW #	Well < ¼ mile?	Qw > 5 cfs?	Instream Water Right ID	Instream Water Right Q (cfs)	Qw > 1% ISWR?	80% Natural Flow (cfs)	Qw > 1% of 80% Natural Flow?	Interference @ 30 days (%)	Potential for Subst. Interfer. Assumed?
		<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"/>
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C3b. **690-09-040 (4):** Evaluation of stream impacts by total appropriation for all wells determined or assumed to be **hydraulically connected and less than 1 mile** from a surface water source. **Complete only if Q is distributed among wells.** Otherwise same evaluation and limitations apply as in C3a above.

	SW #		Q _w > 5 cfs?	Instream Water Right ID	Instream Water Right Q (cfs)	Q _w > 1% ISWR?	80% Natural Flow (cfs)	Q _w > 1% of 80% Natural Flow?	Interference @ 30 days (%)	Potential for Subst. Interfer. Assumed?
			<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"/>

Comments: River is over 2 miles from well

C4a. **690-09-040 (5):** Estimated impacts on **hydraulically connected surface water sources greater than one mile** as a percentage of the proposed pumping rate. Limit evaluation to the effects that will occur up to one year after pumping begins. This table encompasses the considerations required by 09-040 (5)(a), (b), (c) and (d), which are not included on this form. Use additional sheets if calculated flows from more than one WAB are required.

Non-Distributed Wells													
Well	SW#	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
Distributed Wells													
Well	SW#	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
(A) = Total Interf.													
(B) = 80 % Nat. Q													
(C) = 1 % Nat. Q													
(D) = (A) > (C)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
(E) = (A / B) x 100		%	%	%	%	%	%	%	%	%	%	%	%

D. WELL CONSTRUCTION, OAR 690-200

D1. Well #: _____ Logid: _____

D2. **THE WELL does not meet current well construction standards based upon:**

- a. review of the well log;
- b. field inspection by _____;
- c. report of CWRE _____;
- d. other: (specify) _____

D3. **THE WELL construction deficiency:**

- a. constitutes a health threat under Division 200 rules;
- b. commingles water from more than one ground water reservoir;
- c. permits the loss of artesian head;
- d. permits the de-watering of one or more ground water reservoirs;
- e. other: (specify) _____

D4. **THE WELL construction deficiency is described as follows:** _____

- D5. **THE WELL**
- a. was, or was not constructed according to the standards in effect at the time of original construction or most recent modification.
 - b. I don't know if it met standards at the time of construction.

D6. **Route to the Enforcement Section.** I recommend withholding issuance of the permit until evidence of well reconstruction is filed with the Department and approved by the Enforcement Section and the Ground Water Section.

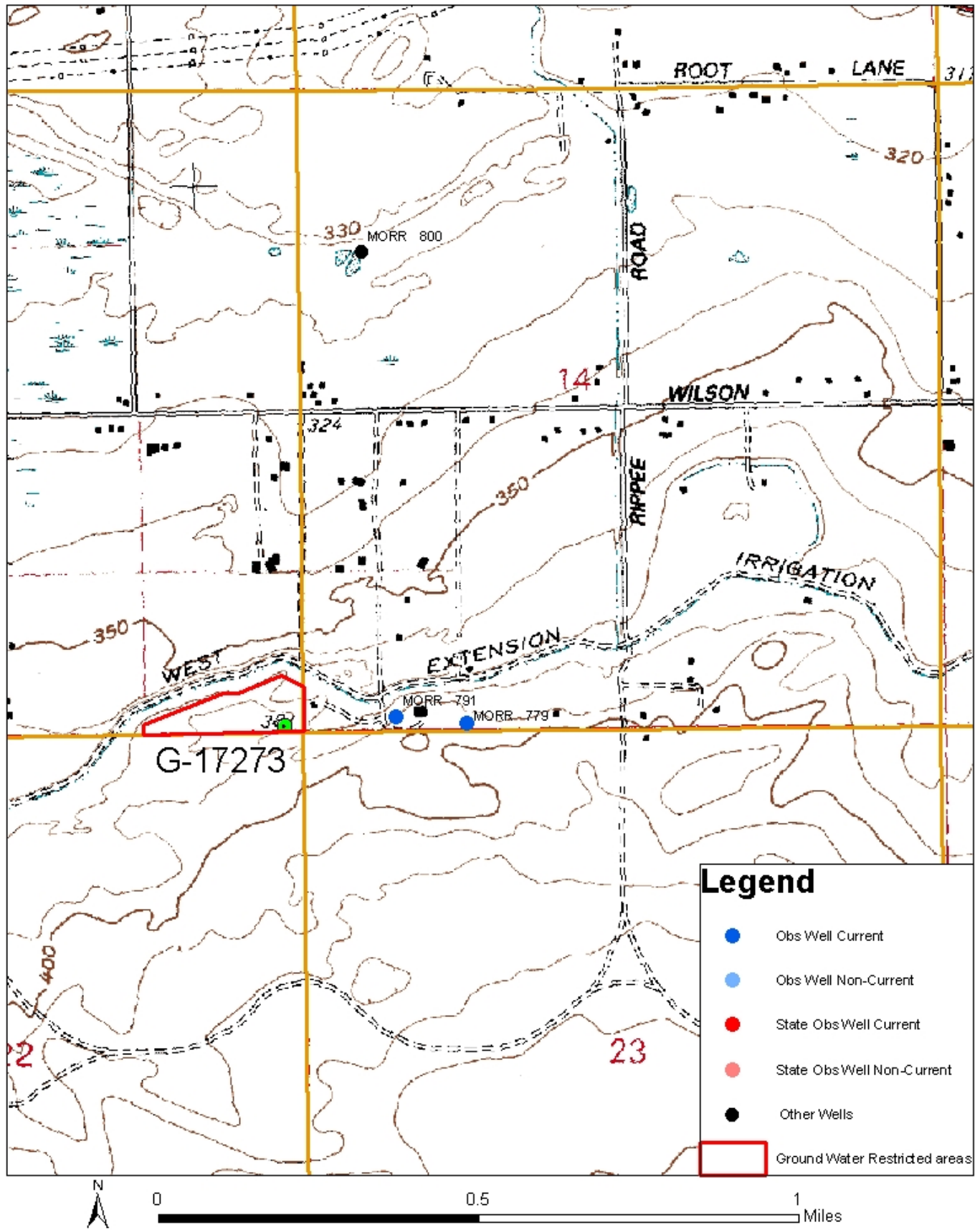
THIS SECTION TO BE COMPLETED BY ENFORCEMENT PERSONNEL

D7. Well construction deficiency has been corrected by the following actions: _____

_____, 200____.
(Enforcement Section Signature)

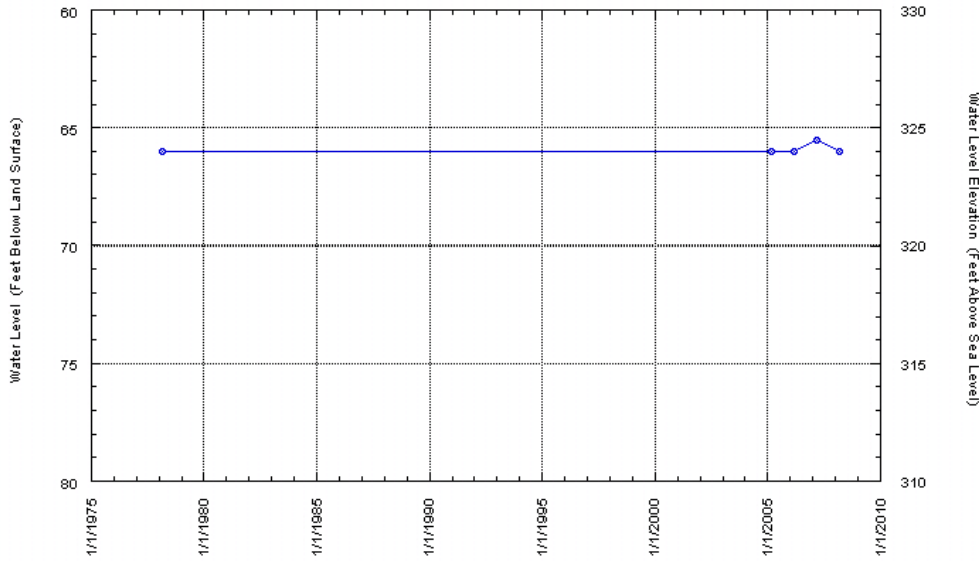
D8. **Route to Water Rights Section (attach well reconstruction logs to this page).**

Ground Water Application G-17273, Bean Morrow County, Boardman Quad



Lithology: basalt
 Aquifer: CRBG
 Land surface elevation: 390'
 Well Depth: 107'

**OWRD LOGID MORR 791
 04N/25E-14CC**



Frederickson
 Lithology: basalt
 Aquifer: CRBG
 Land surface elevation: 393'
 Well Depth: 310'

**OWRD LOGID MORR 779
 04N/25E-14CDC**

