

**Water Right Conditions
Tracking Slip**

Groundwater/Hydrology Section

FILE ## G-17541

ROUTED TO: Water Rights - Kerry
TOWNSHIP/

RANGE-SECTION: 9S/3W-32 cc
10S/3W-6

CONDITIONS ATTACHED? yes no

REMARKS OR FURTHER INSTRUCTIONS:

Reviewer: Mike Zwart

PUBLIC INTEREST REVIEW FOR GROUND WATER APPLICATIONS

TO: Water Rights Section Date July 6, 2012

FROM: Ground Water/Hydrology Section Michael Zwart
Reviewer's Name

SUBJECT: Application G- 17541 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: D. J. Edwards Family, LLC County: Linn

A1. Applicant(s) seek(s) 1.337 cfs from three well(s) in the Willamette Basin,
Santiam subbasin Quad Map: Albany

A2. Proposed use: Irrigation. 94 ac. (P & S) Seasonality: March 1 to October 31

A3. Well and aquifer data (attach and number logs for existing wells; mark proposed wells as such under logid):

Well	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	LINN 58218	4	Alluvium	1.337	10S/3W-6 SE-NE	1815' S, 20' W fr NE cor S 6
2	LINN 58250	5	Alluvium	1.337	9S/3W-32 SW-SW	30' N, 40' E fr NE cor S 6
3	LINN 4560	G-729	Alluvium	1.337	10S/3W-6 NE-NE	900' S, 20' W fr NE cor S 6
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	184	16	9	03/07/08	60	0-19	0-60	None	20-59	1200		Air
2	186	18	13	04/18/08	60	0-18	0-60	None	20-60	1000		Air
3	186	14?	12	04/11/58	25	?	0-25	None	19-24	?		

Use data from application for proposed wells.

A4. **Comments: LINN 4560 does not report any seal depth or seal material. The well yield is not reported and the application states that the well is not in use. This well was formerly permitted (G-729). The permittee, Arde Edwards, allowed the permit to be cancelled. His heirs later contested the cancellation and threatened legal action against the Department when Director Bill Young explained to them that the permit could not be reinstated (see file G-817).**

A5. **Provisions of the Willamette** _____ 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: _____

A6. Well(s) # _____, _____, _____, _____, tap(s) an aquifer limited by an administrative restriction.

Name of administrative area: _____
 Comments: _____

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
All	Quaternary alluvium (Qal)	<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"/>

Basis for aquifer confinement evaluation: All wells develop the first water-bearing zone encountered and the static water levels are at or near the depth where groundwater was first reported.

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	Santiam River	175	173	4650	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	1	Santiam River	173	173	2800	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	1	Santiam River	174	173	3800	<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"/>

Basis for aquifer hydraulic connection evaluation: The shallow water-bearing zone and the close head relationship with surface water suggest an efficient hydraulic connection.

Water Availability Basin the well(s) are located within: Santiam R > Willamette R at mouth (167); Willamette R > Columbia R ab Mill Cr at Gage 1419000 (183).

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?
All	1	<input type="checkbox"/>	<input type="checkbox"/>	167	320	<input type="checkbox"/>	923	<input type="checkbox"/>	<25%	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	(Sept.)	<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"/>		<input type="checkbox"/>

D. WELL CONSTRUCTION, OAR 690-200

D1. Well #: 3 Logid: LINN 4560

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:** The well log does not report whether or not a surface seal was installed.

- 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).**

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

WELL LABEL # L 92436
START CARD # 197219

(1) LAND OWNER Owner Well I.D. 4929
First Name Bill Last Name Sabol
Company DJ Edwards Family LLC
Address P.O. Box 425
City St. Paul State OR Zip 97137

(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	0	59	Bentonite	0	19	90	S

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 _____

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	12		<input checked="" type="checkbox"/> 2	19	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	14		<input type="checkbox"/> 20	40	250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia 16 From 1 To 60

(7) PERFORATIONS/SCREENS
Perforations Method Torch cut
Screens Type _____ Material _____

Perf/Screen	Casing/Screen	Dia	From	To	Scm/slot width	Slot length	# of slots	Tele/pipe size
<input type="checkbox"/>	<input type="checkbox"/>		19	59	.438	10	400	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 1,200 Drawdown 55 Drill stem/Pump depth 1 Duration (hr) 1

Temperature 54 °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 3 W E/W WM
Sec 6 SE 1/4 of the NE 1/4 Tax Lot 102
Tax Map Number _____ Lot _____
Lat _____ or 0 DMS or DD
Long _____ or 0 DMS or DD
 Street address of well Nearest address
Next to 32633 Cooper Dr. NE, Albany, OR 97321

(10) STATIC WATER LEVEL Date _____ SWL (psi) + SWL (ft)
Existing Well / Predeepening _____
Completed Well 03-07-2008 _____
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 16

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
03-07-2008	16	60	1,200		9

(11) WELL LOG Ground Elevation _____

Material	From	To
Sandy loam	0	10
Cemented gravel	10	16
Gravel & sand	16	60

Allowed formation to naturally cave in around casing below 20'

RECEIVED
MAR 25 2008
WATER RESOURCES DEPT
SALEM, OREGON

JONES DRILLING CO., INC.
29400 SANTIAM HWY.
LEBANON, OR 97355
541-367-2560 541-451-2686
1-800-915-8388

Date Started 03-06-2008 Completed 03-07-2008

(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 1411 Date 03-20-2008
Password: (if filing electronically) _____
Signed [Signature]

(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 03-20-2008
Password: (if filing electronically) _____
Signed [Signature]
Contact Info (optional) Jones Drilling Co., Inc. 1-800-915-8388

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

WELL LABEL # L 92436
START CARD # 197219

(1) LAND OWNER Owner Well I.D. 4929
First Name Bill Last Name Sabol
Company DJ Edwards Family LLC
Address P.O. Box 425
City St. Paul State OR Zip 97137

(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 60 ft.

BORE HOLE SEAL

Dia	From	To	Material	From	To	Amt	sacks/ lbs
16	0	60	Bentonite	0	19	90	S

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 _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	2	20	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>	20	60	250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia 16 From 1 To 60

(7) PERFORATIONS/SCREENS

Perforations Method Torch cut
Screens Type _____ Material _____

Perf/S	Casing/Screen	Liner	Dia	From	To	Scm/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing			20	59	.438	10	400	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
1,200 _____ 55 _____ 1 _____

Temperature 54 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)
From _____ To _____ Depth _____ Units _____
RECEIVED
APR 25 2008

(9) LOCATION OF WELL (legal description)
County LINN Twp 10 S N/S Range 3 W E/W WM
Sec 102 10 SE 1/4 of the NE 1/4 Tax Lot 102
Tax Map Number _____ Lot _____
Lat _____ " or 0 DMS or DD
Long _____ " or 0 DMS or DD
 Street address of well Nearest address
Next to 32633 Cooper Dr. NE, Albany, OR 97321

(10) STATIC WATER LEVEL

Date	SWL(psi)	+ SWL(ft)
Existing Well / Predeepening		
Completed Well 03-07-2008		9

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 16

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
03-07-2008	16	60	1,200		9

(11) WELL LOG

Material	From	To
Sandy loam	0	10
Cemented gravel	10	16
Gravel and sand	16	60

Allowed formation to naturally cave in around casing below 20'

JONES DRILLING CO., INC.
29400 SANTIAM HWY.
LEBANON, OR 97355
541-367-2560 541-451-2686
1-800-915-8388

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JUN 13 2008
WATER RESOURCES DEPT
SALEM OREGON

Date Started 03-06-2008 Completed 03-07-2008

(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 1411 Date 03-20-2008
Password: (if filing electronically) _____
Signed *K. Williams*

(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 03-20-2008
Password: (if filing electronically) _____
Signed *Butgens*
Contact Info (optional) _____

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

WELL LABEL # L 92439
START CARD # 198003

(1) LAND OWNER Owner Well I.D. 4933
First Name Bill Last Name Sabol
Company DJ Edwards Family LLC
Address P.O. Box 425
City St. Paul State OR Zip 97137

(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 [X] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)
Depth of Completed Well 60 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Row 1: 16, 0, 60, Bentonite, 0, 18, 30, S

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

[X] Other Poured dry

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: [] Yes Type Amount

(6) CASING/LINER Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes diagrams of casing and liner types.

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

Temp casing [X] Yes Dia 16 From 1 To 60

(7) PERFORATIONS/SCREENS Table with columns: Perf/Sreen, Casing, Screen, Dia, From, To, Scm/slot width, Slot length, # of slots, Tele/pipe size.

(8) WELL TESTS: Minimum testing time is 1 hour
Pump [] Bailer [] Air [X] Flowing Artesian []
Yield gal/min 1,000 Drawdown Drill stem/Pump depth 55 Duration (hr) 2

Temperature 54 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below)
Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)
County LINN Twp 9 S N/S Range 3 W E/W WM
Sec 32 SW 1/4 of the SW 1/4 Tax Lot 200
Tax Map Number Lot
Lat " or 0 DMS or DD
Long " or 0 DMS or DD
[] Street address of well [X] Nearest address

Cooper Dr., Albany, OR

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
Existing Well / Predeepening
Completed Well 04-18-2008 13
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 18
Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft)

(11) WELL LOG Ground Elevation
Material From To
Brown sandy loam 0 10
Cemented gravel 10 18
Sand & gravel 18 50
Blue clay 50 60
Naturally caved in around 14" casing from 18' - 60'

RECEIVED

JONES DRILLING CO., INC. APR 23 2008
29400 SANTIAM HWY.
LEBANON, OR 97355
541-367-2560 541-451-2686
1-800-915-8388

WATER RESOURCES DEPT SALEM, OREGON

Date Started 04-17-2008 Completed 04-18-2008

(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.
License Number 1411 Date 04-22-2008
Signed [Signature]

(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.
License Number 1684 Date 04-22-2008
Signed [Signature] Jones Drilling Co., Inc 1-800-915-8388

Application G-17541, D. J. Edwards Family, LLC

