

Water Right Conditions Tracking Slip

Groundwater/Hydrology Section

FILE # # G-17127

ROUTED TO: Water Rights - Jenna?

TOWNSHIP/
RANGE-SECTION: 5S/39E - 34 6c

CONDITIONS ATTACHED?: yes no

REMARKS OR FURTHER INSTRUCTIONS:
Third Review

Reviewer: Mike Zwart

PUBLIC INTEREST REVIEW FOR GROUND WATER APPLICATIONS

TO: Water Rights Section Date April 24, 2013
 FROM: Ground Water/Hydrology Section Mike Zwart
Reviewer's Name
 SUBJECT: Application G- 17127 Supersedes review of February 9, 2010
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: Heffernan Family Trust County: Union

A1. Applicant(s) seek(s) 2.77 cfs from one well(s) in the Powder Basin,
Clover Creek subbasin Quad Map: North Powder

A2. Proposed use: Irrigation, 400 acres 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	Proposed	1	Basin Fill	3.119	5S/39E-34 SW-NW	25' E, 2640' S fr NW cor S 34
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	3354											

Use data from application for proposed wells.

A4. Comments: This application is amended to include only proposed well #1 to make up for a deficiency in rate for lands described in Permit G-16386. Well #2 and proposed well #3 are being dropped.

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

B. GROUND WATER AVAILABILITY CONSIDERATIONS, OAR 690-310-130, 400-010, 410-0070

B1. Based upon available data, I have determined that ground water* for the proposed use:

- a. is over appropriated, is not over appropriated, or cannot be determined to be over appropriated during any period of the proposed use. * This finding is limited to the ground water portion of the over-appropriation determination as prescribed in OAR 690-310-130;
- b. will not or will likely be available in the amounts requested without injury to prior water rights. * This finding is limited to the ground water portion of the injury determination as prescribed in OAR 690-310-130;
- c. will not or will likely to be available within the capacity of the ground water resource; or
- d. will, if properly conditioned, avoid injury to existing ground water rights or to the ground water resource:
 - i. The permit should contain condition #(s) 7N _____;
 - ii. The permit should be conditioned as indicated in item 2 below.
 - iii. The permit should contain special condition(s) as indicated in item 3 below;

- B2. a. Condition to allow ground water production from no deeper than _____ ft. below land surface;
- b. Condition to allow ground water production from no shallower than _____ ft. below land surface;
- c. Condition to allow ground water production only from the _____ ground water reservoir;
- d. Well reconstruction is necessary to accomplish one or more of the above conditions. The problems that are likely to occur with this use and without reconstructing are cited below. Without reconstruction, I recommend withholding issuance of the permit until evidence of well reconstruction is filed with the Department and approved by the Ground Water Section.

Describe injury –as related to water availability– that is likely to occur without well reconstruction (interference w/ senior water rights, not within the capacity of the resource, etc): _____

B3. Ground water availability remarks: _____

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	Basin fill	<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: Aquifer testing from May 2-5, 2008 by Department staff demonstrated confined aquifer storage conditions.

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	Clover Creek	3348±	3333	6500	<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: Long term monitoring of water levels during and following the 2009 irrigation season revealed that the shallow well (UNIO 52008) responded to the sustained pumping during 2009. This indicates that pumping of the deeper confined to semiconfined system is propagated into the shallow unconfined system and that there is hydraulic connection with surface water sources.

Water Availability Basin the well(s) are located within: JIMMY CR > POWDER R - AT MOUTH (30920306).

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"/>

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 #		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"/>

Comments: _____

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		%	%	%	%	%	%	%	%	%	%	%	%

(A) = total interference as CFS; (B) = WAB calculated natural flow at 80% exceed. as CFS; (C) = 1% of calculated natural flow at 80% exceed. as CFS; (D) = highlight the checkmark for each month where (A) is greater than (C); (E) = total interference divided by 80% flow as percentage.

Basis for impact evaluation: _____

C4b. **690-09-040 (5) (b) The potential to impair or detrimentally affect the public interest is to be determined by the Water Rights Section.**

C5. **If properly conditioned**, the surface water source(s) can be adequately protected from interference, and/or ground water use under this permit can be regulated if it is found to substantially interfere with surface water:

- i. The permit should contain condition #(s) _____;
- ii. The permit should contain special condition(s) as indicated in “Remarks” below;

C6. SW / GW Remarks and Conditions _____

References Used: Local well logs; Recon. Geologic Map of the Oregon Part of the Grangeville Quadrangle, by Walker, 1979; OWRD aquifer test May 2-5, 2008, unpublished data collected at local wells; previous reviews of G-16902 and G-17035.

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.

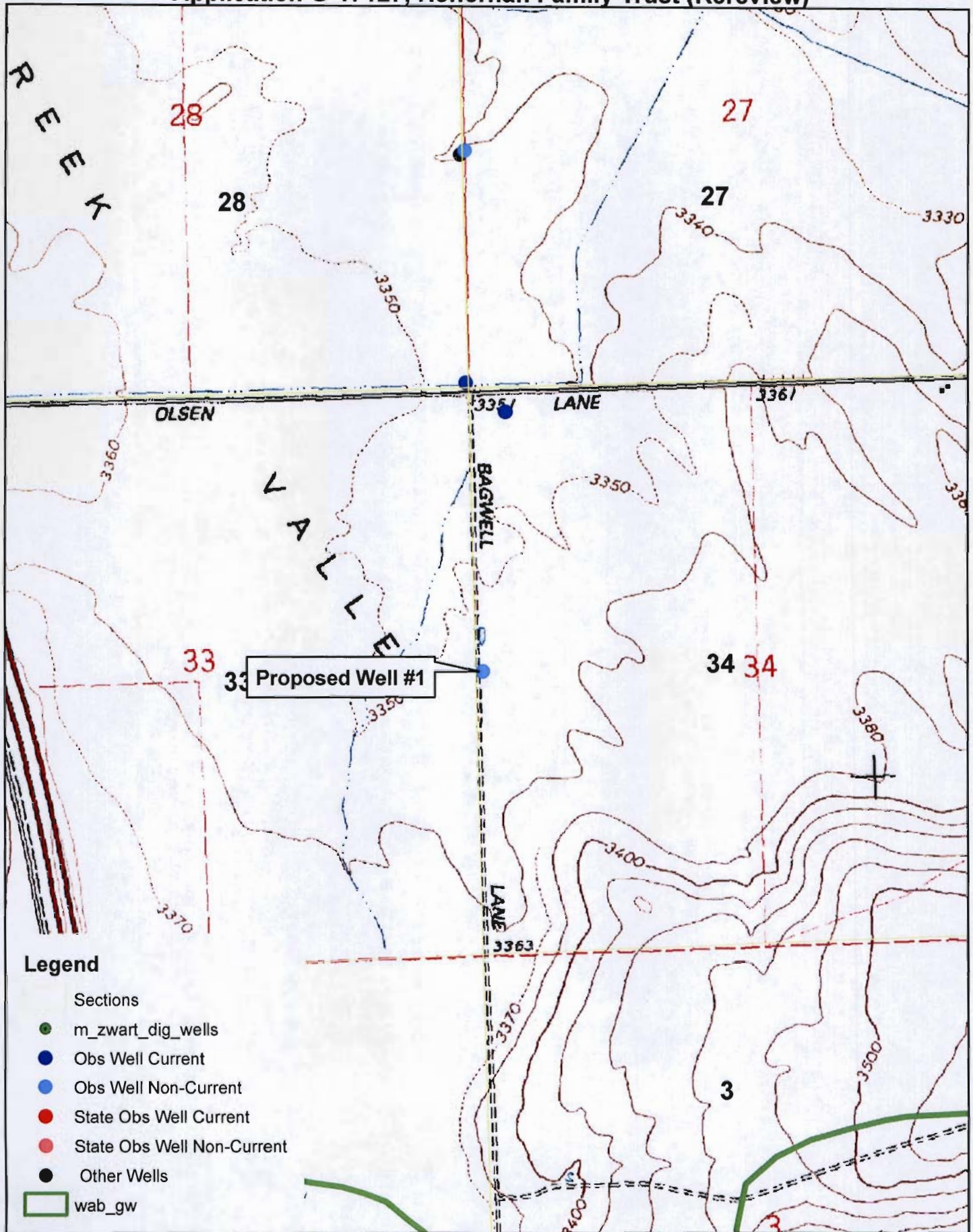
THIS SECTION TO BE COMPLETED BY ENFORCEMENT PERSONNEL

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).**

Application G-17127, Heffernan Family Trust (Rereview)



Legend

Sections

- m_zwart_dig_wells
- Obs Well Current
- Obs Well Non-Current
- State Obs Well Current
- State Obs Well Non-Current
- Other Wells
- wab_gw

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

UNIO 51932

Well I.D. # 93928
 START CARD # 197281
 Unio 51932

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER, Well Number
 Name Chris & Donna Heffernan
 Address 63609 Viewpoint Ln.
 City North Powder State OR Zip 97867

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 60 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Pounds
Diameter	From	To	Material	From	To	
10	0	18	Bed.	0	18	12
6	18	140				

How was seal placed: Method A B C D E
 Other 3/8 poured dry bentonite
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+2	58	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 58

(7) PERFORATIONS/SCREENS
 Perforations Method N/A
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
200+	136.5	140	2 hr.

Temperature of water 50 Depth Artesian _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Yes No
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL (legal description)
 County Union
 Tax Lot 4100 Lot _____
 Township 5 N or S Range 39 E or W WM
 Section 28 SE 1/4 NE 1/4

Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 1/4 mile north of intersection of Olsen Rd. and Bagwell Rd.

(10) STATIC WATER LEVEL
3.5 ft. below land surface. Date 11-9-07
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 6

From	To	Estimated Flow Rate	SWL
6	7	5	5
63	80	70	3.5
80	100	100+	}
100	120	200+	
120	140	200+	

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Top Soil	0	3	
Brown Clay	3	6	
Blue Clay sand	6	7	5
Blue Clay	7	63	
Coarse yellow sand w/ fine sand & gravel	63	75	3.5
Coarse Black sand w/ quartz and small gravels			

Bottom 80 cased below casing still blank 100+ w/ drill stem at 60'

RECEIVED
 NOV 19 2007
 WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 11-8-07 Completed 11-9-07

(unbonded) Water Well Constructor Certification
 I certify that the work 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.

WWC Number _____ Date _____
 Signed _____

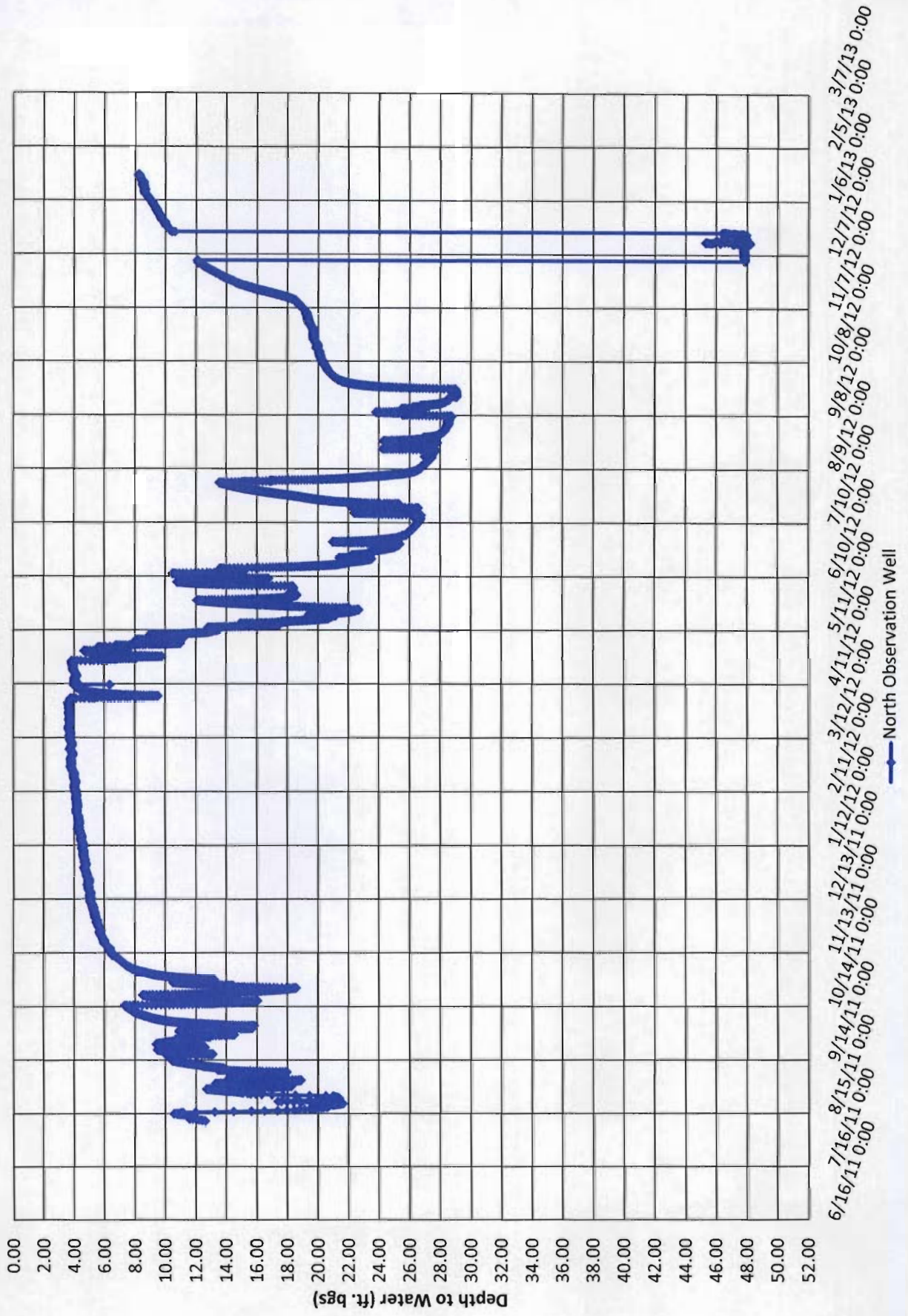
(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1816 Date 11-10-07
 Signed [Signature]

RECEIVED
 FEB 13 2008
 WATER RESOURCES DEPT
 SALEM, OREGON

HEFFD UNIO 51932

North Observation Well



UNIO 51931

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 93927

START CARD # 175050

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number _____
Name Chris & Donna Heffernan
Address 63600 Viewpoint Ln.
City North Powder State OR. Zip 97867

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 80 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE SEAL

Diameter	From	To	Material	From	To	Seal or Pounds
10	0	18	Bent.	0	18	10
6	18	190				

How was seal placed: Method A B C D E
 Other 3/4 poured dry
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	6	+2	78	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 78'

(7) PERFORATIONS/SCREENS
 Perforations Method N/A.
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
200+	134	190	2 hr.

Temperature of water 50' Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County Union
Tax Lot 4100 Lot _____
Township 5 N or S Range 39 E or W WM
Section 34 SW 1/4 NW 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 1/2 mile S. of Olsen Rd. on Bagwell Rd. Left side of Rd.

(10) STATIC WATER LEVEL
6 ft. below land surface. Date 11-4-07
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 10

From	To	Estimated Flow Rate	SWL
10	11	3	8
40	60	100	6
60	70	100+	5
80	140	200+	5

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
TOP Soil	0	3	
Brown Clay	3	10	
Light Brown Clay w/B	10	11	8
Dark Brown Clay	11	40	
Coarse Brown Sand w/B	40	40	6
Fine sand and small Gravel			
w/B		80	
Coarse Black Sand w/ quartz and small Gravel	80	190	

Bottom 60' caved below casing still blowing 100+ w/drift stem at 75'

Date Started 10-26-07 Completed 11-4-07

(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.

WWC Number _____ Date _____

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.

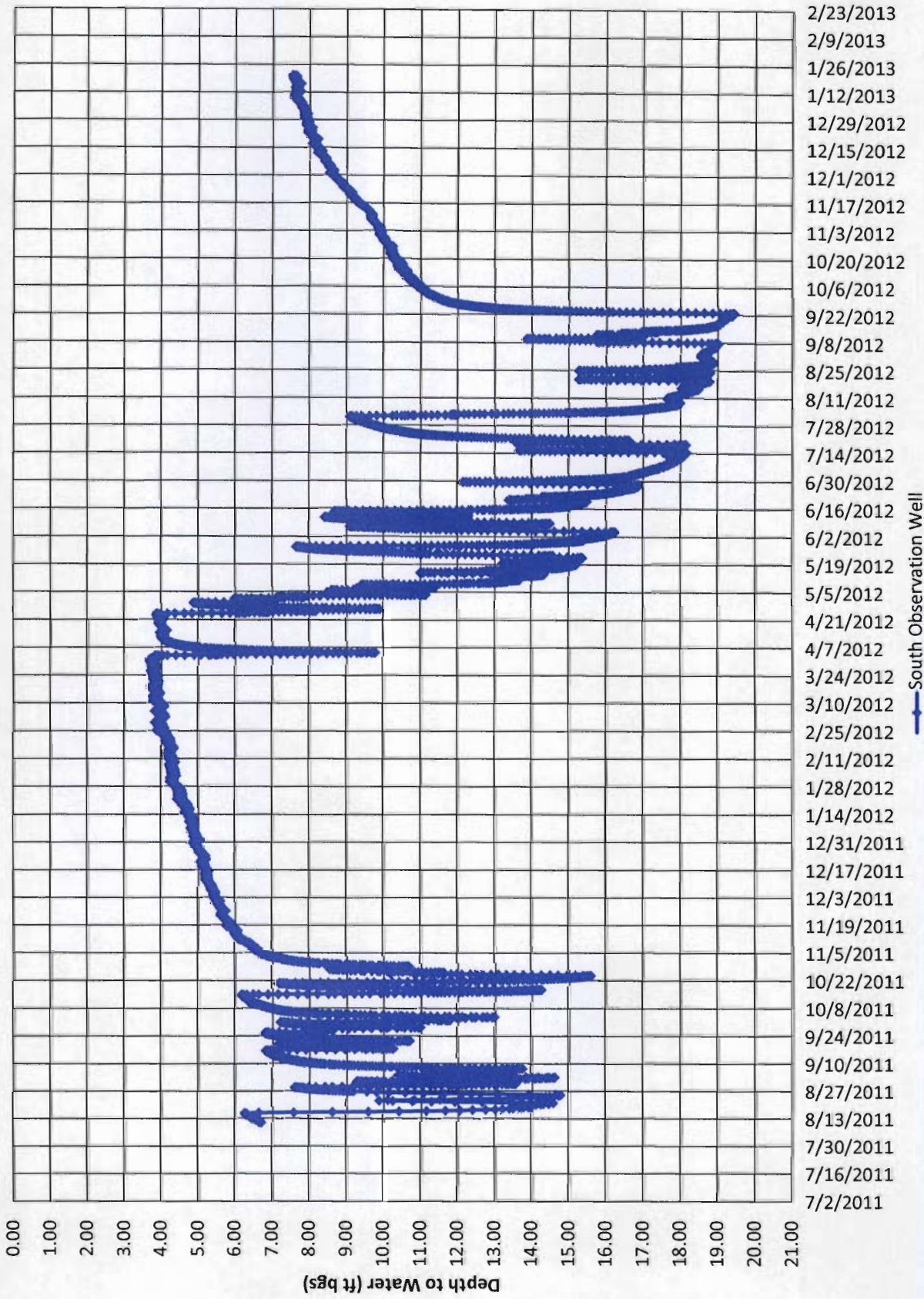
WWC Number 1816 Date 11-5-07

Signed [Signature]

WATER RESOURCES DEPT

HEFF A UN10 51931

South Observation Well



UNIO 52017

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

WELL LABEL # L 85275

START CARD # 193731

(1) LAND OWNER Owner Well I.D. _____
 First Name CHRIS & DONNA Last Name HEFFERNAN
 Company _____
 Address 63600 VEIPOINT LANE
 City NORTH POWDER State OR Zip 97867

(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 405 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
26	0	409	Bentonite	0	12	4,000	P
17	409	412	Cement <u>GRAVEL</u>	12	100	8	<u>YAS</u>
12	412	424	Cement <u>GRAVEL</u>	205	210	.75	<u>YAS</u>

How was seal placed: Method A B C D E
 Other DRY POUR BENTONITE
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 100 ft. to 205 ft. Material GRAVEL Size pea gravel
 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"/>	18		2	124	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	18		164	241	.375	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	18		261	315	.375	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	18		325	405	.375	<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 JOHNSON WIRE Material M.S.

Perf/	Casing/	Screen	Scm/slot	Slot	# of	Tele/
Screen	Liner	Dia	width	length	slots	pipe size
Screen	Casing	18	124	164		.04
Screen	Casing	18	241	261		.04
Screen	Casing	18	315	325		.04
Perf	Casing	18	385	405	125	4

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1,000	84	250	72

Temperature 59 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County UNION Twp 5 S N/S Range 39 E E/W WM
 Sec 34 NW 1/4 of the NW 1/4 Tax Lot 4100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
OLSEN ROAD & BAGWELL ROAD

(10) STATIC WATER LEVEL Date _____ SWL(psi) _____ + SWL(ft) _____
 Existing Well / Predeepening _____
 Completed Well 04-03-2008 _____
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 10

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
03-19-2008	6	10			
03-19-2008	14	22			
03-19-2008	67	72			
03-19-2008	114	116			
03-20-2008	122	132			

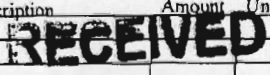
(11) WELL LOG Ground Elevation _____

Material	From	To
DARK TOP SOIL	0	2
SILTY BROWN CLAY	2	6
BROWN COARSE SAND	6	10
BROWN BURNT CLAY	10	14
SAND & SMALL GRAVEL	14	22
BROWN CLAY	22	32
BROWN SILTY CLAY	32	50
BROWN CLAY W/SM SAND STREAKS	50	67
FINE BRN SAND	67	72
GREY STICKY CLAY	72	85
GREY STICKY CLAY, SOFT SANDSTONE, FIN	85	92
STICKY BLUE CLAY	92	105
GREEN SANDY CLAY	105	108
BROWN CLAY	108	114
FINE SAND, SOFT SANDSTONE	114	116
GREY CLAY	116	122
COARSE GREY SAND	122	132
TAN STICKY CLAY	132	134
BROWN COARSE SAND W/SM CLAY LAYER	134	165

Date Started 03-20-2008 Completed 05-05-2008

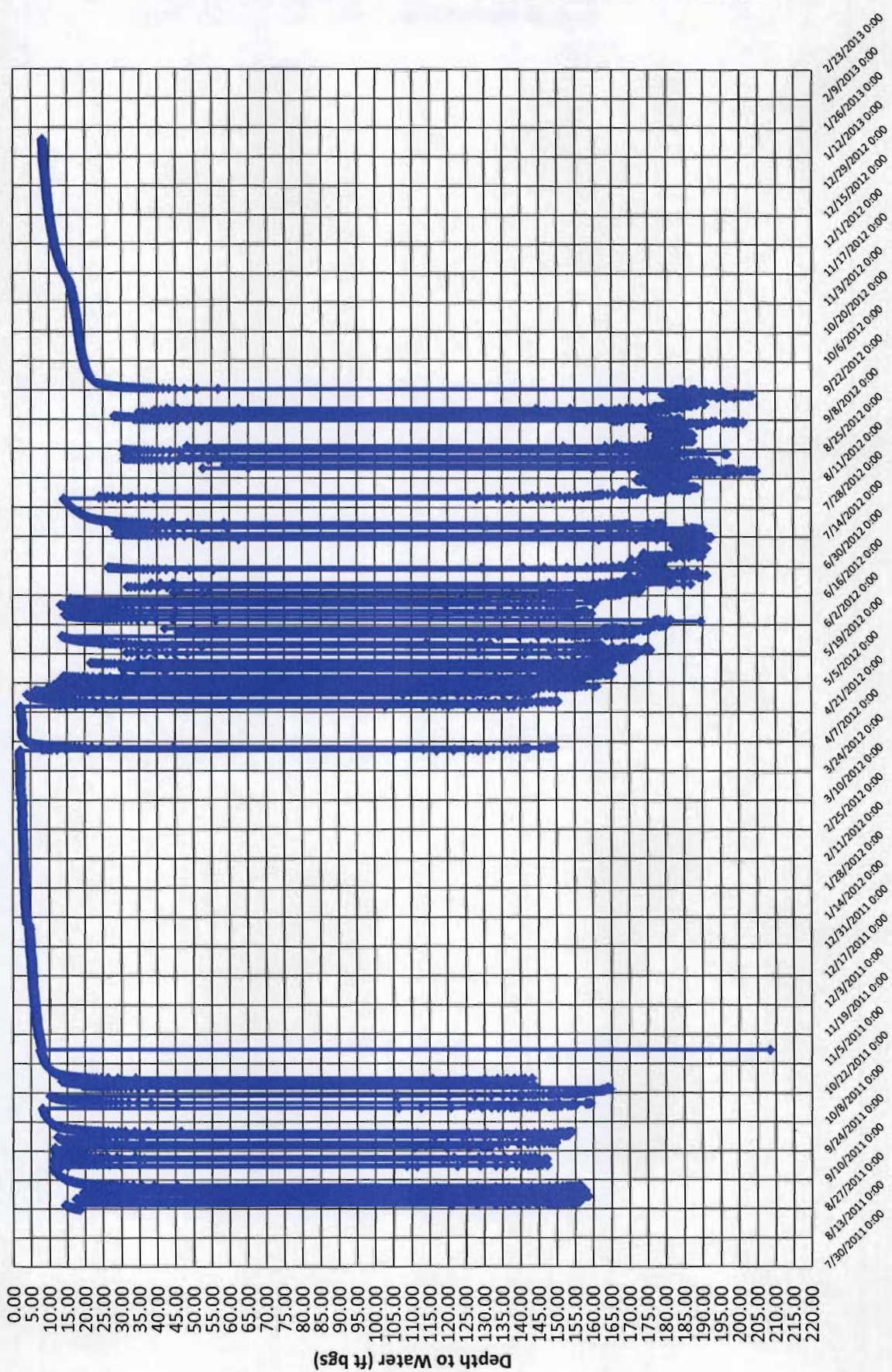
(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 1164 Date 05-07-2008
 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 1505 Date 05-07-2008
 Password: (if filing electronically) _____
 Signed _____
 Contact Info (optional) _____



UNID 52017

Alluvial Well



— Alluvial Well