

Water Right Conditions
Tracking Slip

Groundwater/Hydrology Section

FILE # # G-17606

ROUTED TO: Water Rights

TOWNSHIP/

RANGE-SECTION: 18s/12E-15
17s/12E-14

CONDITIONS ATTACHED?: yes no

REMARKS OR FURTHER INSTRUCTIONS:

Within USGS GW Study Area

Reviewer: K. Lite

WATER RESOURCES DEPARTMENT

MEMO

May 1, 2013

TO: Application G- 17606

FROM: GW: K. Liu
(Applicant's Name)

SUBJECT: Scenic Waterway Interference & General/Local Surface Water Evaluation for Deschutes Ground Water Study Area

The source of appropriation is within or above the Deschutes Scenic Waterway

Use the Scenic Waterway condition (Condition 7J).

PREPONDERANCE OF EVIDENCE FINDING UNDER ORS 390.335

Department has found that there is a preponderance of evidence that the proposed use of ground water will measurably reduce the surface water flows necessary to maintain the free-flowing character of the Deschutes Scenic Waterway in quantities necessary for recreation, fish and wildlife.

LOCALIZED IMPACT FINDING

The proposed use of ground water will have a localized impact to surface water in the River/Creek Subbasin.

If the localized impact line above is checked, then the water use under any right issued pursuant to this application is presumed to have a localized impact on surface water within the identified subbasin. Mitigation of the impact, originating from within the Local Zone of Impact identified by the Department, will be required before a permit may be issued for the proposed use.

If the localized impact line above is not checked, then the water use under any right issued pursuant to this application is presumed to have a general (regional) impact on surface water. Mitigation of the impact, originating anywhere within the Deschutes Basin above the Madras gage, will be required before a permit may be issued for the proposed use.

PUBLIC INTEREST REVIEW FOR GROUND WATER APPLICATIONS

TO: Water Rights Section Date 04/29/2013
 FROM: Ground Water/Hydrology Section K. Lite
Reviewer's Name
 SUBJECT: Application G- 17606 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: Avion Water Company County: Deschutes

A1. Applicant(s) seek(s) (4,488 gpm) 10 cfs from 3 well(s) in the Deschutes Basin,
Deschutes subbasin Quad Map: Bend and Bend Airport

A2. Proposed use: Quasi-Municipal Seasonality: year-round

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	Deschutes Fm	10	18S/12E-sec 15 CDC	1887' W & 52' N fr SW cor, S 15
2	Proposed	2	Deschutes Fm	10	18S/12E-sec 15 CDC	1937' W & 52' N fr SW cor, S 15
3	Proposed	3	Deschutes Fm	10	17S/12E-sec 14DAC	1150' W & 1935 N fr SE cor, S 14
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	3750				Prop. 1000	Prop. 0-700	Prop. 0-50; 0-700		Prop. 700-1000			
2	3750				Prop. 1000	Prop. 0-700	Prop. 0-50; 0-700		Prop. 700-1000			
3	3430				Prop. 1000	Prop. 0-700	Prop. 0-50; 0-700		Prop. 700-1000			

Use data from application for proposed wells.

A4. **Comments: WELLS WILL BE CONSTRUCTED INTO WATER BEARING ZONES WITHIN THE DESCHUTES FORMATION. GROUND-WATER FLOW IS TOWARDS THE NORTH - NORTHEAST. WATER LEVEL IN WELLS WILL LIKELY BE BELOW RIVER LEVEL AT THE NEAREST REACH. NEAREST PROBABLE DISCHARGE AREA IS NEAR LAKE BILLY CHINOOK.**

A5. Provisions of the Deschutes 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: WELL WILL BE LOCATED WITHIN THE USGS DESCHUTES GROUND WATER STUDY AREA.

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
		<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 confinement evaluation: _____

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 1/4 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
						<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: _____

Water Availability Basin the well(s) are located within: _____

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 < 1/4 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"/>

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: _____

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.

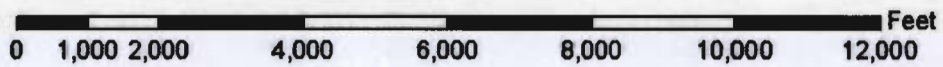
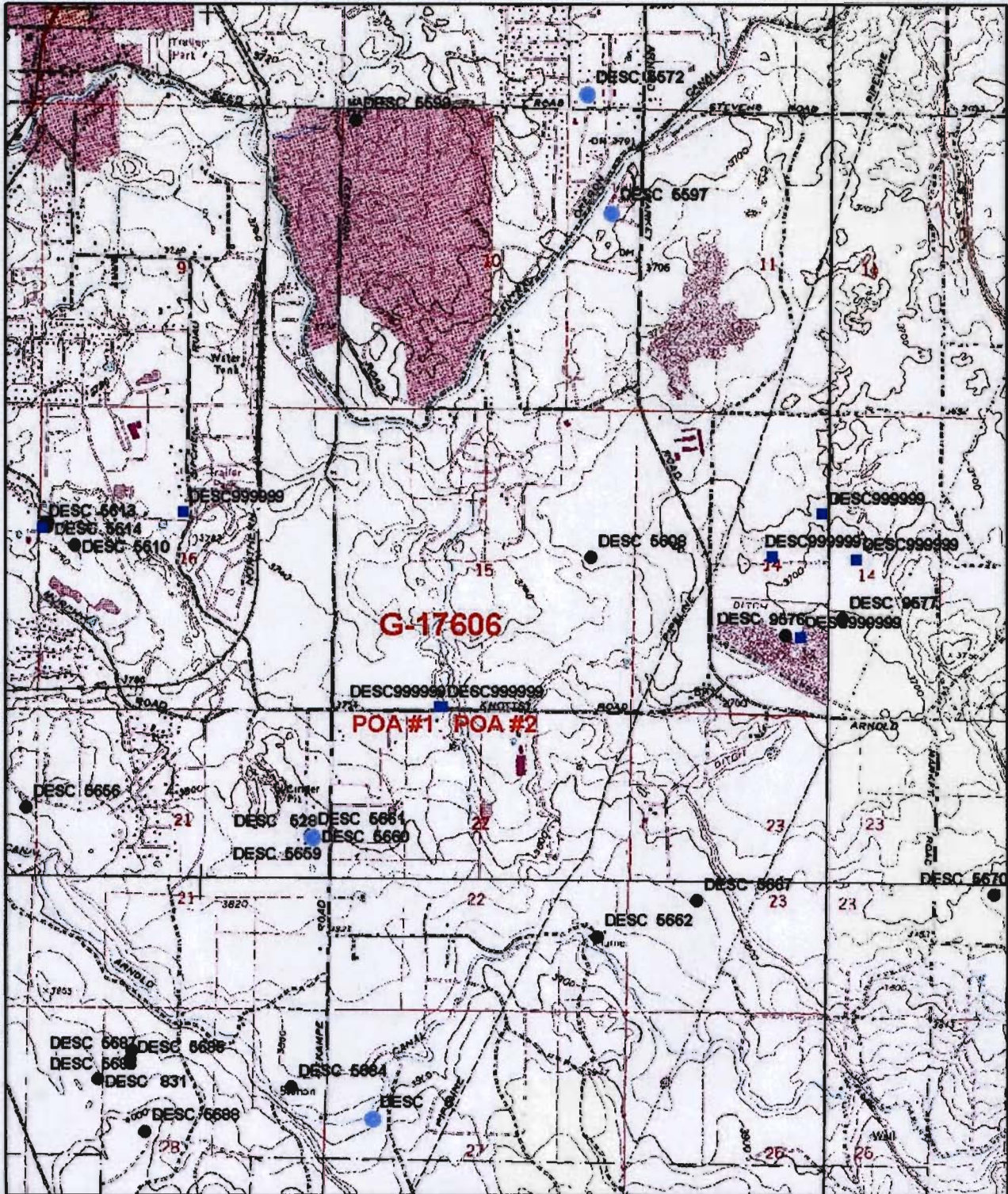
THIS SECTION TO BE COMPLETED BY ENFORCEMENT PERSONNEL

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

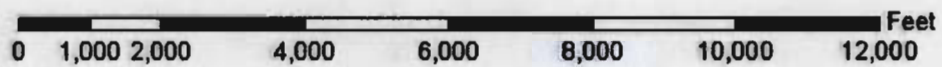
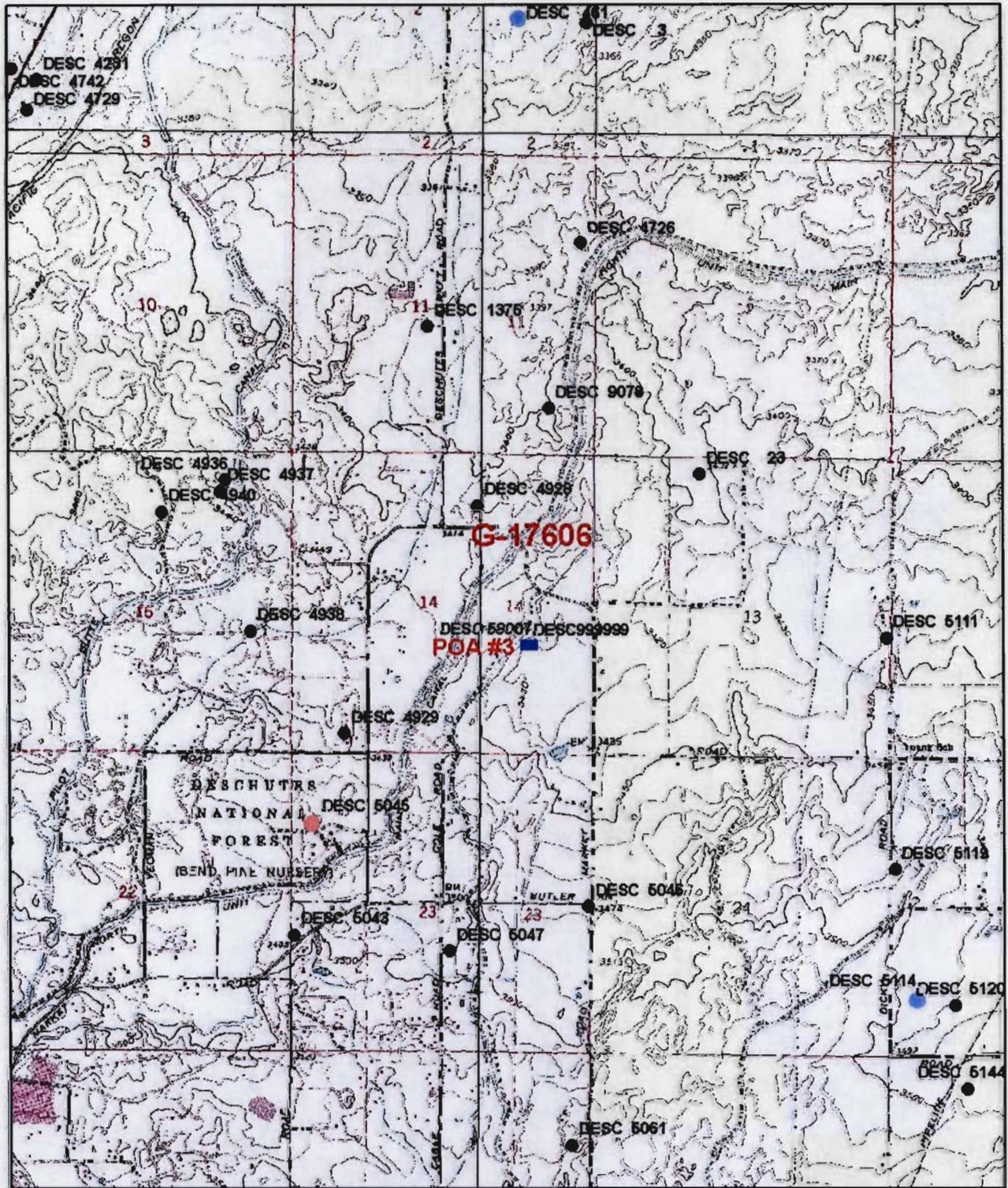
_____, 200_____
(Enforcement Section Signature)

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

G-17606: Bend and Bend Airport Quadrangles



G-17606: Bend and Bend Airport Quadrangles



Oregon Water Resources Department (OWRD) Well Location
OWRD Logid
OWRD Well Tag (Well ID)
OWRD State Observation Well Number
Total well depth (feet below land surface)
Land surface elevation (feet above mean sea level)
Primary use of well
Primary aquifer system

17.00S/12.00E-3300
DESC 51943

970

