

Groundwater Application Review Summary Form

Application # G- 18473

GW Reviewer Aurora Bouchier Date Review Completed: 6/9/2017

Summary of GW Availability and Injury Review:

[] Groundwater for the proposed use is either over appropriated, will not likely be available in the amounts requested without injury to prior water rights, OR will not likely be available within the capacity of the groundwater resource per Section B of the attached review form.

Summary of Potential for Substantial Interference Review:

[] There is the potential for substantial interference per Section C of the attached review form.

Summary of Well Construction Assessment:

[] The well does not appear to meet current well construction standards per Section D of the attached review form. Route through Well Construction and Compliance Section.

This is only a summary. Documentation is attached and should be read thoroughly to understand the basis for determinations and for conditions that may be necessary for a permit (if one is issued).

WATER RESOURCES DEPARTMENT

MEMO

Date: 6/9/2017TO: Application: G-18473FROM: GW: Aurora Bouchier
(Reviewer's Name)SUBJECT: Scenic Waterway Interference & General/Local Surface Water
Evaluation for Deschutes Ground Water Study AreaThe source of appropriation is within or above the Deschutes
Scenic Waterway.

Use the Scenic Waterway condition (Condition 7J).

PREPONDERANCE OF EVIDENCE FINDING UNDER ORS 390.835:

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 box 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 box 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 GROUNDWATER APPLICATIONS

TO: Water Rights Section Date June 9, 2017
 FROM: Groundwater Section Aurora C Bouchier
 SUBJECT: Application G- 18473 Reviewer's Name Supersedes review of na
 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 groundwater 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: _____ County: Deschutes

A1. Applicant(s) seek(s) 0.01 cfs from 2 well(s) in the Deschutes Basin,
Deschutes (General Zone) Subbasin (Bend Airport quadrangle)

A2. Proposed use Nursery, 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	DESC 57159	1	Deschutes	.01	18S/13E-9 NE-NW	970' S, 410' W fr N ¼ Cor Sec 9
2	proposed	2	Deschutes	.01	18S/13E-9 NE-NW	1180' S, 860' W fr N ¼ Cor Sec 9
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	3599	780	750	12/4/2005	830	0-18	+2-18	10-830	810-830	10		A
2	3598				Est 830	Est 0-18	Est +2-18		Est 810-830			

Use data from application for proposed wells.

A4. **Comments:** The wells are/will be constructed into water-bearing zones within the Deschutes Formation. Groundwater flow is towards the north-northeast. The water level in the well is/will likely be below the river levels at the nearest reaches. The nearest probably discharge area is near Lake Billy Chinook.

The wells are within the USGS Groundwater Study Area and therefore are subject to OAR 690-505-0500 to -0620.

A5. ☒ **Provisions of the** Deschutes Basin rules relative to the development, classification and/or management of groundwater hydraulically connected to surface water ☒ **are**, or ☐ **are not**, activated by this application. (Not all basin rules contain such provisions.)
 Comments: Within USGS Study Area Boundary

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

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

B1. **Based upon available data**, I have determined that groundwater* 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 groundwater 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 groundwater 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 groundwater resource; *or*
- d. ☒ **will, if properly conditioned**, avoid injury to existing groundwater rights or to the groundwater 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 groundwater production from no deeper than _____ ft. below land surface;
 - b. ☐ **Condition** to allow groundwater production from no shallower than _____ ft. below land surface;
 - c. ☐ **Condition** to allow groundwater production only from the _____ groundwater reservoir between approximately _____ ft. and _____ ft. below land surface;
 - 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 Groundwater 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. **Groundwater availability remarks:** _____

The nearest observation well is DESC 5045 (located approximately 5.8 miles to the northwest). DESC 5045 has been monitored periodically since the late 1970's and shows a relatively steady decline from 1980 through 2016. Over this period, the water level has dropped approximately 36 feet. The declining water-level is likely a result of decreased recharge and increased pumping (Gannett and Lite, 2013).

C. GROUNDWATER/SURFACE WATER CONSIDERATIONS, OAR 690-09-040**C1. 690-09-040 (1): Evaluation of aquifer confinement:**

Well	Aquifer or Proposed Aquifer	Confined	Unconfined
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

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 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
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐

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 < 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?
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐

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?
			☐			☐		☐		☐
			☐			☐		☐		☐
			☐			☐		☐		☐
			☐			☐		☐		☐

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 groundwater 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:

Application file: LL-1702 and nearby applications g-16315, G-16900 and G-18346.

Gannett, Marshall W., Lite, Kenneth E. Jr., Morgan, David S., and Collins, Charles A., 2001, Ground-Water Hydrology of the Upper Deschutes Basin, Oregon; U.S. Geological Survey Water-Resources Investigations Report 00-4162.

Gannett, Marshall W., and Lite, Kenneth E. Jr., 2004, Simulation of the Regional Ground-Water Flow in the Upper Deschutes Basin, Oregon; U.S. Geological Survey Water-Resources Investigations Report 03-4195.

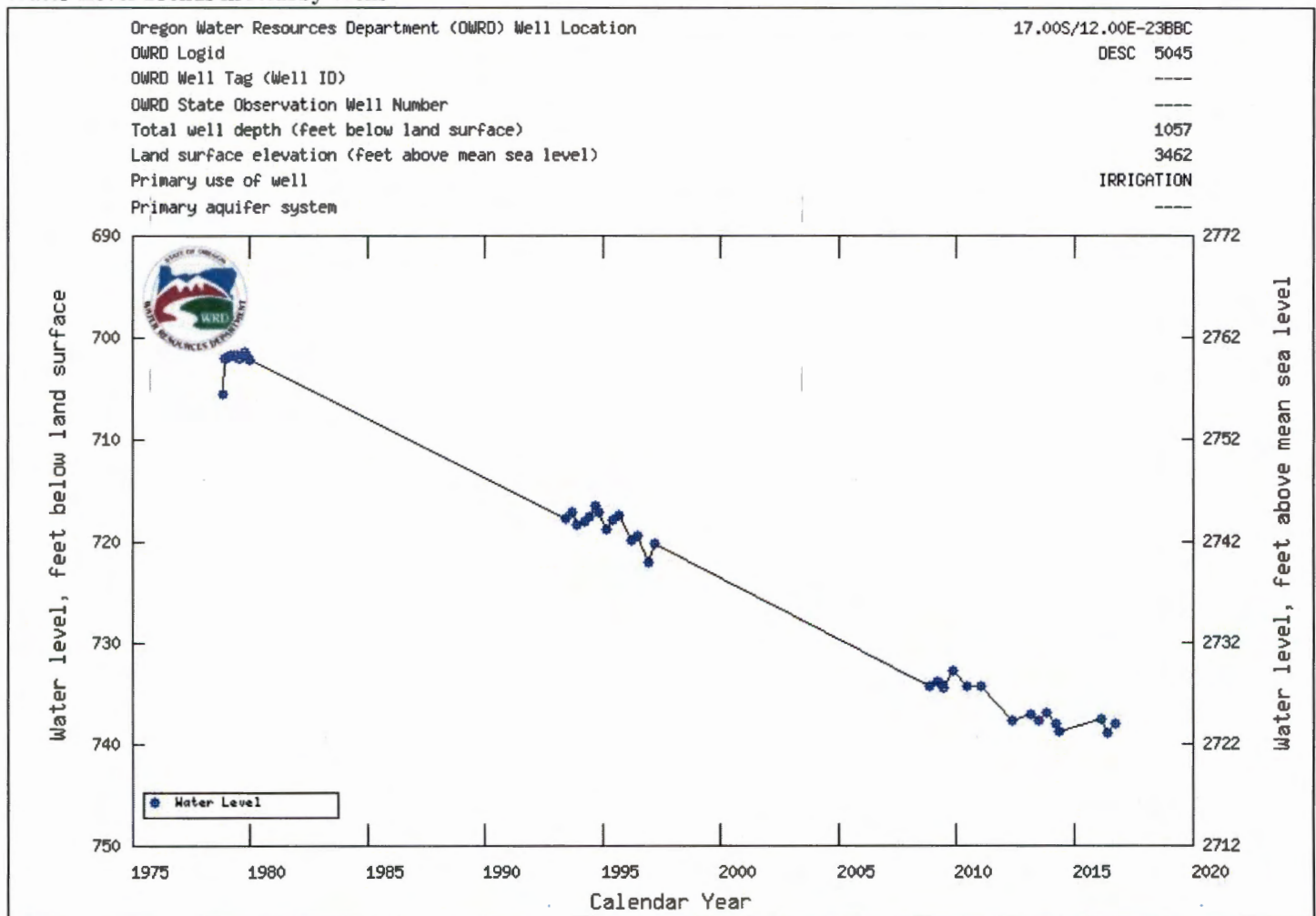
Gannett, Marshall W., and Lite, Kenneth E. Jr., 2013, Analysis of 1997-2008 Groundwater Level Changes in the Upper Deschutes Basin, Central Oregon: U.S. Geological Survey Scientific Investigations Report 2013-5092.

Lite, Kenneth E. Jr., and Gannett, Marshall W., 2002, Geologic Framework of the Regional Ground-Water Flow System in the Upper Deschutes Basin, Oregon; U.S. Geological Survey Water-Resources Investigations Report 02-4015.

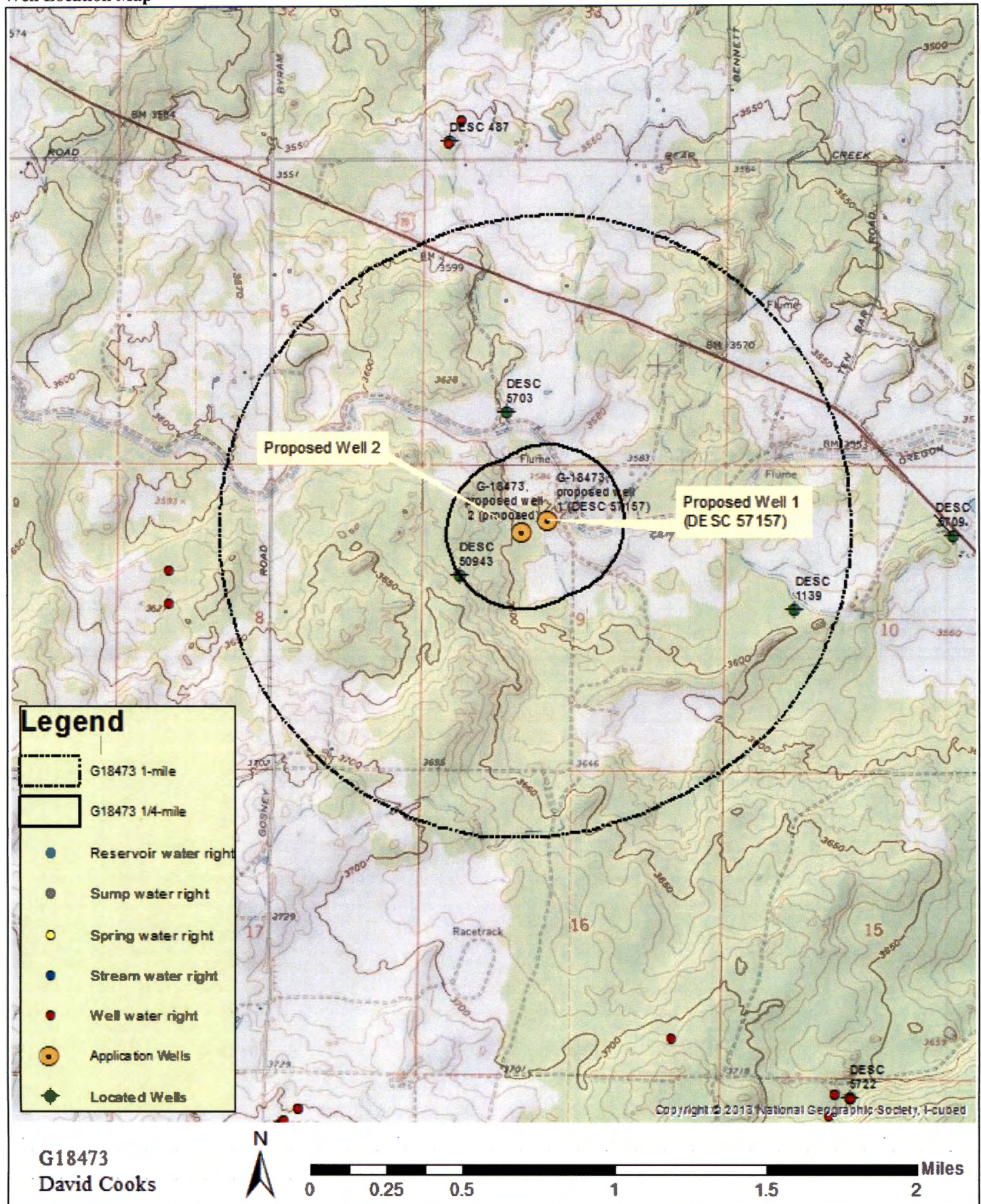
OWRD Well Log database and groundwater-level data.

D. WELL CONSTRUCTION, OAR 690-200

- D1. Well #: _____ Logid: _____
- D2. **THE WELL does not appear to 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 or other comment is described as follows:** _____
- D4. ☐ **Route to the Well Construction and Compliance Section for a review of existing well construction.**

Water-Level Trends in Nearby Wells

Well Location Map





Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Jay and Kyong LaTourette
Mailing Address: 18692 Riverwoods
City, State, Zip: Bend, OR 97702
Mail Well ID Tag to: ☐ SAME AS ABOVE ☒ In Care Of (C/O)
Name & Address: Shanda Harris 61293 Bronze Meadow Lane
City, State, Zip: Bend, OR 97702

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 18S (North / South) Range: 11E (East / West) Section: 27 1/4 of the NE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 200 County Deschutes
GPS Coordinates: _____
Street Address of Well, City: 18690 Riverwoods Drive Bend, OR
If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Log, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): residential, irrigation
Date Well Constructed (or property built): _____ Total Well Depth: _____ Casing Diameter: _____
Owner at time the well was constructed (if known): James Collard Well Log # (if known): DESC5507
Other Information: _____

SUBMITTED BY (please print): Shanda Harris
PHONE: 541-749-0146 EMAIL &/or FAX: shandaharris@kw.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

Well Log Number:

Well Identification #:



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Jay and Kyong LaTourette

Mailing Address: 18690 Riverwoods

City, State, Zip: Bend, OR 97702

Mail Well ID Tag to: ☐ SAME AS ABOVE ☒ In Care Of (C/O)

Name & Address: Shanda Harris 61293 Bronze Meadow Lane

City, State, Zip: Bend, OR 97702

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 18S (North / South) Range: 11E (East / West) Section: 27 1/4 of the NE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 200 County Deschutes

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Street Address of Well, City: 18690 Riverwoods Drive Bend, OR

If the property had a different street address in the past: _____

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