

Groundwater Application Review Summary Form

Application # G- 18608

GW Reviewer Aurora Boucher Date Review Completed: 3/20/2018

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).

OK
HJL

MEMO

To: Kristopher Byrd, Well Construction and Compliance Section Manager
From: Joel Jeffery, Well Construction Program Coordinator
Subject: Review of Water Right Application G-18608
Date: September 14, 2018

The attached application was forwarded to the Well Construction and Compliance Section by Water Rights. Aurora Bouchier reviewed the application. Please see Aurora's Groundwater Review and the Well Logs.

Applicant's Well SCCE #1 (DESC 58167): Based on a review of the Well Report, Applicant's Well SCCE #1 appears to protect the groundwater resource.

The construction of Applicants Well SCCE #1 may not satisfy hydraulic connection issues.

Applicant's Well SCCE #2 (DESC 53193 and the well's deepening, DESC 58039): Based on a review of the Well Reports, Applicant's Well SCCE #2 and the wells' deepening appears to protect the groundwater resource.

The construction of Applicants Well SCCE #2 may not satisfy hydraulic connection issues.

Applicant's Well SCCE #3 (DESC 53194 and the well's deepening, DESC 59678): Based on a review of the Well Reports, Applicant's Well SCCE #3 and the wells' deepening appears to protect the groundwater resource.

Based on a review of the Well Report, Applicant's Well SCCE #3 appears to protect the groundwater resource.

STATE OF OREGON
Water Supply Well Report

(as required by ORS 537.765)

DESC53193

Received Date:

Well ID Tag # L 42966

Start Card # 128830

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

(1) Owner Well Number:
 Name: **RON REMUND**
 Street: **PO BOX 760**
 City: **SISTERS** State: **OR** Zip Code: **97759**

(2) Type of Work
 New Alter (Recondition) Alter (Repair)
 Deepening Abandonment

(3) Drill Method
 Rotary Air Rotary Mud Cable Auger
 Other:

(4) Proposed Use
 Domestic Community Industrial Irrigation Injection
 Livestock Thermal Other:

(5) Bore Hole Construction
 Special Standards: Depth of completed well: **605.00 ft.**
 Explosives Used: Amount: Type:

Hole			Seal			Sacks/lbs
Diameter	From	To	Mtrl	From	To	
12.00	0.00	78.00	CE	0.00	78.00	4512
8.00	78.00	605.00				

How was seal placed? **C** Other:
 Back fill placed from: Material:
 Filter pack from: Size:

(6) Casing / Liner

Csng/ Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used
C	8.00	2.00	78.00	.250	S	X			
L	6.00	-5.00	600.00	.188	S	X			

(7) Perforation / Screens

Perforations: Csng/ Lnr Method

Mtrl	From	To	Width	Height	#Slots	Dia.	t/psize
S	585.00	605.00	0.13	3.00	216	6.00	L MACHINE

Screens:

Mtrl	From	To	S Size	#Slots	Dia.	t/psize	Type	Gauge
------	------	----	--------	--------	------	---------	------	-------

(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
A	10.00	G		600.00	1.00

Temperature of Water: **53 F**
 Was water analysis done? Depth of artesian flow:
 by whom?
 Did any strata contain water unsuitable for use? Too Little Salty
 Muddy Odor Colored other:
 Depth of strata:

(9) Location of Hole by legal description
 County: **DESC** Latitude: Longitude:
 Township: **14.00 S** Range: **11.00 E**
 Section: **17 SWSW** Lot: Block:
 Tax Lot: **2017** Subdivision:
 Street Address of Well (or nearest address):
MNT VIEW RD
 MAP, with location identified, must be attached.

(10) Static Water Level
 Feet below land surface: **498.0** Date: **07 / 14 / 2000**
 Artesian Pressure: Date:

(11) Water Bearing Zones
 Depth at which water was first found: **590.00 ft.**

From	To	est Flow	swl
590.00	605.00	10.00	498

(12) Well Log Ground Elevation:

Material	From	To	swl
LOAM BROKEN LAVA	0.00	3.00	
LAVA BROWN	3.00	10.00	
LAVA GRAY FRAC LAYERS	10.00	42.00	
CINDERS RED	42.00	51.00	
LAVA RED	51.00	70.00	
SANDSTONE	70.00	88.00	
SAND BRN FINE GRAVELS	88.00	104.00	
SANDSTONE	104.00	175.00	
LAVA BROWN	175.00	235.00	
SANDSTONE CONGLOMERATE	235.00	260.00	
LAVA BROWN GRAY LAYERS	260.00	335.00	
LAVA RED/CINDERS	335.00	350.00	
LAVA BROWN	350.00	475.00	
LAVA GRAY	475.00	525.00	
LAVA SOFT	525.00	540.00	
SANDSTONE CINDERS	540.00	588.00	
LAVA/BASALT BROKEN	588.00	605.00	498

Date Started: **07 / 12 / 2000** Date Completed: **07 / 14 / 2000**

(unbonded) Water Well Constructor Certification:
 I certify that the work I perform on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to the best knowledge and belief.
 Signed by: **THOMAS R PECK** WWC #: **758**

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed by: **JACK ABBAS** WWC #: **1720**

WELL LABEL # L 91141
 START CARD # 1001485

(1) LAND OWNER Owner Well I.D. _____
 First Name RON Last Name REMUND
 Company _____
 Address PO BOX 760
 City SISTERS State OR Zip 97759

(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 844.00 ft.

BORE HOLE			SEAL			Amt	lbs
Dia	From	To	Material	From	To		
14	0	96	Cement	0	96	77	S
10	96	670					
9.5	670	844					

How was seal placed: Method A B C D E
 Other _____

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 checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	2	98	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	0	804	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	804	844	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Air Perf

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	8	780	840	.125	2	1,620	

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
250	4	800	6

Temperature 53 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Deschutes Twp 14.00 S N/S Range 11.00 E E/W WM
 Sec 17 SW 1/4 of the SW 1/4 Tax Lot 2017
 Tax Map Number _____ Lot _____
 Lat _____ " or 44.35235000 DMS or DD
 Long _____ " or -121.45120000 DMS or DD
 Street address of well Nearest address

MT WEIWR RD

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	<u>08-01-2007</u>			<u>520</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 616

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
<u>07-28-2007</u>	<u>616</u>	<u>628</u>	<u>50</u>			<u>520</u>
<u>08-28-2007</u>	<u>680</u>	<u>686</u>	<u>100</u>			<u>520</u>
<u>08-29-2007</u>	<u>739</u>	<u>844</u>	<u>300</u>			<u>520</u>

(11) WELL LOG

Material	From	To
Sand Pumice Lava Broken	0	5
Cinders	5	20
Lava Gray	20	46
Cinders Red	46	56
Conglomerate Gravels Brown	56	75
Basalt Clay Seams Gray	75	90
Basalt Clay Seams Brown	90	150
Basalt	150	185
Gravels Sand	185	205
Conglomerate	205	255
Basalt	255	260
Lava Crevices	260	275
Lava	275	305
Sandstone Brown	305	345
Cinders Lava Broken Red	345	365
Gravels Sand	365	385
Clay Brown	385	420
Lost Circ	420	430
Clay Red Brown	430	460

Date Started 07-13-2007 Completed 08-01-2007

(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 758 Date 08-12-2007

Electronically Filed

Signed THOMAS R PECK (E-filed)

(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 1720 Date 08-12-2007

Electronically Filed

Signed JACK ABBAS (E-filed)

Contact Info (optional)















(5) BORE HOLE CONSTRUCTION

BORE HOLE			Material	SEAL		Amt	sacks/ lbs
Dia	From	To		From	To		

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
		<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"/>

(7) PERFORATIONS/SCREENS

Perf/Screen	Casing/Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

(11) WELL LOG

Material	From	To
Sandstone	460	485
Basalt	485	495
Lava Broken Layers	495	520
Conglomerate	520	555
Lava Clay Seams	555	590
Crevice Hard	590	616
Lava Broken Caving	616	628
Soft	628	655
Hard	655	680
Cinders Red Lava	680	686
Lava Gray	686	700
Sandstone	700	739
Basalt Clay Seams	739	754
Cinders Basalt Black	754	788
Lava Hard	788	799
Cinders Lava Red	799	807
Basalt Vesicular	807	844

Comments/Remarks

2 yards sand grout 120 feet - 185 feet
 4 1/2 yards sand grout 190 feet - 430 feet
 2 yards sand grout 435 feet - 480 feet
 4 yards sand grout 370 feet - 440 feet
 3 yards sand grout 440 feet - 500 feet
 4 yards sand grout 400 feet - 530 feet

Amendment

DESC 53194

STATE OF OREGON
Water Supply Well Report

(as required by ORS 537.765)

DESC

Received Date:

Well ID Tag # L 42967

Start Card # 128831

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

(1) Owner Well Number: _____
 Name: RON REMUND
 Street: PO BOX 760
 City: SISTERS State: OR Zip Code: 97769

(2) Type of Work
 New Alter (Recondition) Alter (Repair)
 Deepening Abandonment

(3) Drill Method
 Rotary Air Rotary Mud Cable Auger
 Other: _____

(4) Proposed Use
 Domestic Community Industrial Irrigation Injection
 Livestock Thermal Other: _____

(5) Bore Hole Construction
 Special Standards: Depth of completed well: 621.00 ft.
 Explosives Used: Amount: _____ Type _____

Hole			Seal			Sacks/lbs
Diameter	From	To	Mtrl	From	To	
12	0	138	CE	0	138	5700
8	138	625				

How was seal placed? C Other: _____
 Back fill placed from: _____ Material: _____
 Filter pack from: _____ Size: _____

(6) Casing / Liner

Casing/Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe al	Shoe used
C	8	2	138	.250	S	X			
L	6	5	625	.188	S	X			

(7) Perforation / Screens
 Perforations:

Mtrl	From	To	Width	Height	#Slots	Dia.	UpSize	Casing/Lnr	Method
S	585	625	0.125	3.00	432	6		L	MACHINE

 Screens:

Mtrl	From	To	S Size	#Slots	Dia.	UpSize	Type	Gauge

(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
A	20.0	G		620	1.00

Temperature of Water: 63.00 F
 Was water analysis done? Depth of artesian by whom?
 Did any strata contain water unsuitable for use? Too Little Salty
 Muddy Odor Colored other: _____
 Depth of strata: _____

(9) Location of Hole by legal description
 County: DESC Latitude: _____ Longitude: _____
 Township: 14.00 S Range: 11.00 E
 Section: 17 SWSW Lot: _____ Block: _____
 Tax Lot: 2017 Subdivision: _____
 Street Address of Well (or nearest address): MNT VIEW RD
 MAP, with location identified, must be attached.

(10) Static Water Level
 Feet below land surface 601.00 Date: 07/20/2000
 Artesian Pressure: _____ Date: _____

(11) Water Bearing Zones
 Depth at which water was first found: 590.00 ft.
 From To Feet Flow swl
 590 625 206 ft 501

(12) Well Log Ground Elevation: _____

Material	From	To	swl
BROKEN LAVA LOAM	0	3	
LAVA BROWN FRAC LAYERS	43	3	
RED LAVA/CINDERS	43	56	
SANDSTONE	56	96	
LAVA BROWN GRAY LAYERS	96	190	
LAVA BROWN	190	220	
SANDSTOEN BROWN	220	228	
LAVA BROWN	228	345	
LAVA RED/CINDERS	345	460	
LAVA HARD	460	490	
LAVA BROWN	490	609	
LAVA/BASALT	609	642	
LAVA RED	642	661	
SANDSTONE	661	685	
LAVA/BASALT BROKEN	685	825	601

Date Started: 07/17/2000 Date Completed: 07/20/2000

(unbonded) Water Well Constructor Certification:
 I certify that the work I perform on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to the best knowledge and belief.
 Signed by: THOMAS R PECK MWC # 769

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed by: JACK ABBAS MWC #: 1720
 ABBAS WELL DRILLING CO Phone: 641-648-2787

RECEIVED
SEP 15 2000
WATER RESOURCES
SALEM, OREGON

**STATE OF OREGON
Water Supply Well Report**

(as required by ORS 537.765)

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

DESC 53184

DESC

Received Date:

Well ID Tag # L

Start Card # 128831

(1) Owner

Name: RON REMUND

Street: PO BOX 780

City: SISTERS

Well Number

State OR Zip Code: 97768

(9) Location of Hole by legal description

County DESC Latitude: Longitude:

Township: 14.00 S Range 11.00 E

Section: 17 SWSW Lot: Block:

Tax Lot: 2017 Subdivision:

Street Address of Well (or nearest address):
MNT VIEW RD

MAP, with location identified, must be attached.

(2) Type of Work

- New Alter (Recondition) Alter (Repair)
 Deepening Abandonment

(3) Drill Method

- Rotary Air Rotary Mud Cable Auger
Other:

(10) Static Water Level

Feet below land surface: 501.00 Date: 07 / 20 / 2000

Artesian Pressure: Date:

(4) Proposed Use

- Domestic Community Industrial Irrigation Injection
 Livestock Thermal Other:

(11) Water Bearing Zones

Depth at which water was first found: 590.00 ft.

From To est Flow swf

(5) Bore Hole Construction

Special Standards: Depth of completed well 821.00 ft.

Explosives Used. Amount Type:

Hole			Seal			
Diameter	From	To	Mtrl	From	To	Sacks/lbs
12	0	138	CE	0	138	5700
8	138	825				

How was seal placed? C Other:

Back fill placed from: Material:

Filter pack from: Size:

(12) Well Log

Ground Elevation:

Material	From	To	swf
BROKEN LAVA LOAM	0	3	
LAVA BROWN FRAC LAYERS	43	3	
RED LAVA/CINDERS	43	66	
SANDSTONE	56	95	
LAVA BROWN GRAY LAYERS	95	180	
LAVA BROWN	180	220	
SANDSTOEN BROWN	220	228	
LAVA BROWN	228	346	
LAVA RED/CINDERS	346	480	
LAVA HARD	460	490	
LAVA BROWN	490	508	
LAVA/BASALT	509	542	
LAVA RED	542	551	
SANDSTONE	551	585	
LAVA/BASALT BROKEN	585	625	501

(6) Casing / Liner

Casing/ Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used
C	8	2	138	.260	S	X			
L	8	5	825	.188	S	X			

(7) Perforation / Screens

Perforations:

Mtrl	From	To	Width	Height	#Slots	Dia.	UpSize	Casing/ Liner	Method
S	585	625	0.125	3.00	432	6		L	MACHINE

Screens:

Mtrl	From	To	S. Size	#Slots	Dia.	UpSize	Type	Gauge

(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem al	Duration
A	40.00	G		620	1.00

Temperature of Water: 53.00 F

Was water analysis done? Depth of artesian flow:

by whom?

Did any strata contain water unsuitable for use? Too Little Salty

Muddy Odor Colored other:

Depth of strata:

Date Started: 07 / 17 / 2000 Date Completed: 07 / 20 / 2000

(unbonded) Water Well Constructor Certification:

I certify that the work I perform on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to the best knowledge and belief.

Signed by: THOMAS R PECK MWC # 768

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.

Signed by: JACK ABBAS MWC # 1720

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

DESC 59678

5/7/2013

WELL I.D. LABEL# L 42967
START CARD # 1019198
ORIGINAL LOG # DESCHUTES 53194

(1) LAND OWNER
Owner Well I.D.
First Name RON Last Name REMUND
Company
Address PO BOX 760
City SISTERS State OR Zip 97759

(2) TYPE OF WORK
New Well [] Deepening [X] Conversion []
Alteration (complete 2a & 10) [] Abandonment (complete 5a) []

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: 8 [X] 2 138 .250 [X] [] [] []
Material From To Amt sacks/lbs
Seal: Cement 0 138 5700 Pounds

(3) DRILL METHOD
[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE
[X] Domestic [] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 750.00 ft.
Special Standard [] (Attach copy)

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, lbs

How was seal placed: Method [] A [] B [] C [] D [] E
[X] Other DID NOT DISTURB
Backfill placed from ___ ft. to ___ ft. Material ___
Filter pack from ___ ft. to ___ ft. Material ___ Size ___
Explosives used: [] Yes Type ___ Amount ___

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Actual Amount

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
Shoe [] Inside [] Outside [] Other Location of shoe(s)
Temp casing [] Yes Dia ___ From ___ To ___

(7) PERFORATIONS/SCREENS
Screens Type Material
Perf/ Casing/ Screen Screen Liner Dia From To Scrn/slot width Slot length # of slots Tel/ pipe size

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

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)
County DESCHUTES Twp 14.00 S N/S Range 11.00 E E/W WM
Sec 17 SW 1/4 of the SW 1/4 Tax Lot 2017
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
[] Street address of well [X] Nearest address
MT VIEW RD

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration 4/25/2013 525
Completed Well 5/2/2013 525
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES
Depth water was first found 626.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG
Ground Elevation
Material From To
NONE 0 626
LAVA BASALT BROKEN 626 705
SANDSTONE 705 725
BASALT BROKEN 725 750

Date Started 4/25/2013 Complete 5/2/2013

(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 758 Date 5/7/2013
Signed THOMAS R PECK (E-filed)

(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 1720 Date 5/7/2013
Signed JACK ABBAS (E-filed)
Contact Info (optional)

Memorandum

March 20, 2018

TO: Application G-18608
FROM: Aurora Bouchier, Hydrogeologist
SUBJECT Sealing depth for POA

I believe the existing seal for DESC 58167 (96-ft), DESC 53193 (78-ft), and DESC 53194 (138-ft) provide sufficient protection for the Deschutes Formation groundwater resource at this location. The water-bearing zone in this area was approximately ~~2600 feet~~ ^{in elevation} ~~below land surface~~ in 2000. The thick unsaturated zone at the location of this area is typical of the groundwater flow system in the Deschutes Formation. In general, the Deschutes Formation acts as an unconfined aquifer with a majority of wells producing from it displaying static water levels at or below the zone at which water was first encountered (according to the drillers' well logs). The Deschutes Formation is comprised of a variety of volcanic and sedimentary deposits. Many of these deposits were restricted to ancestral canyons and other short-lived topographic lows. As a result, many of the layers have limited geographic distribution which results in heterogeneous strata at any given location. Throughout the Deschutes Formation, the local heterogeneities can create locally confined conditions.

In my opinion, a deeper seal in this well would not change the potential inter-borehole flow dynamics, nor would it alter the hydrologic response of the well to water level changes in the aquifer. Therefore, I believe deeper seals in DESC 58167, DESC 53193, and DESC 53194 are not required to meet the public interest presumption applied to the associated water right.

9/18/2018
ACB

WATER RESOURCES DEPARTMENT

MEMO

Date: 3/20/2018

TO: Application: G-18608

FROM: GW: Aurora Bouchier
(Reviewer'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 390.835:

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 March 20, 2018
 FROM: Groundwater Section Aurora C Bouchier
 SUBJECT: Application G- 18608 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: Avion Water Company, LLC County: Deschutes

A1. Applicant(s) seek(s) 0.67 cfs from 3 well(s) in the Deschutes Basin,
Whychus Creek (General Zone) subbasin (Henkle Butte quad)

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	DESC 58167	SCCE Well 1	Deschutes Fm	0.67	14S/11E-17 SW-SW	1120' N, 650' E fr SW cor S 17
2	DESC 53193/58037	SCCE Well 2	Deschutes Fm	0.67	14S/11E-17 SW-SW	950' N, 695' E fr SW cor S 17
				0.67	14S/11E-17 SW-SW	925' N, 630' E fr SW cor S 17

↑
 Desc 58037 is incorrect. Should be 58039 - KB.

Well	Seal Interval (ft)	Casing Intervals (ft)	Liner Intervals (ft)	Perforations Or Screens (ft)	Well Yield (gpm)	Draw Down (ft)	Test Type
4	0-96	-2-98	0-844	780-840	250	4	P
0	0-78	-2-78	5-600	585-605	10	NA	A
0	0-138	-2-138	2-750	710-750	20*	NA	A

water-bearing zones within the Deschutes Fm. Groundwater flow is toward the approximately 8 miles away along the Deschutes River. Water levels in the wells are water source (Whychus Creek).

*Deepening log DESC 59678 lists a yield of 200 gpm based on a two hour air test.

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: The wells are located within the USGS Groundwater Study Area and are subject to the relevant rules (OAR 690-505-0500 – 0620).

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 relevant State Observation wells are DESC 1957 (located approximately 5 miles to the northeast) and DESC 3479 (located approximately X miles to the southeast). DESC 1957 has been monitored periodically since 1978 through present and shows a fairly steady decline of about 9 feet since 1998. DESC 3479 was monitored periodically from 1979 through 1997 and appears to be in a similar water pressure zone (possibly as a result of faulting in the area) as the applicant’s wells.

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
		<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 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
						<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"/>	<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 < 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"/>
		<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 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 files: G-18608, and nearby G-16574 and G-118274.
Gannett, M.W. and Lite, K.E., Jr. 2004. Simulation of regional ground-water flow in the Upper Deschutes Basin, Oregon: U.S. Geological Survey Water-Resources Investigations Report WRI 2003-4195.
Gannett, M.W. and Lite, K.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.
Gannett, M.W., Lite, K.E., Jr., Morgan, D.S., and Collins, C.A. 2001. Ground-water hydrology of the upper Deschutes basin, Oregon: U.S. Geological Survey Water-Resources Investigations Report WRI 2000-4162.
Lite, K.E., Jr. and Gannett, M.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 WRI 2002-4015.
OWRD well log and water level database.

D. WELL CONSTRUCTION, OAR 690-200

D1. Well #: _____ Logid: _____

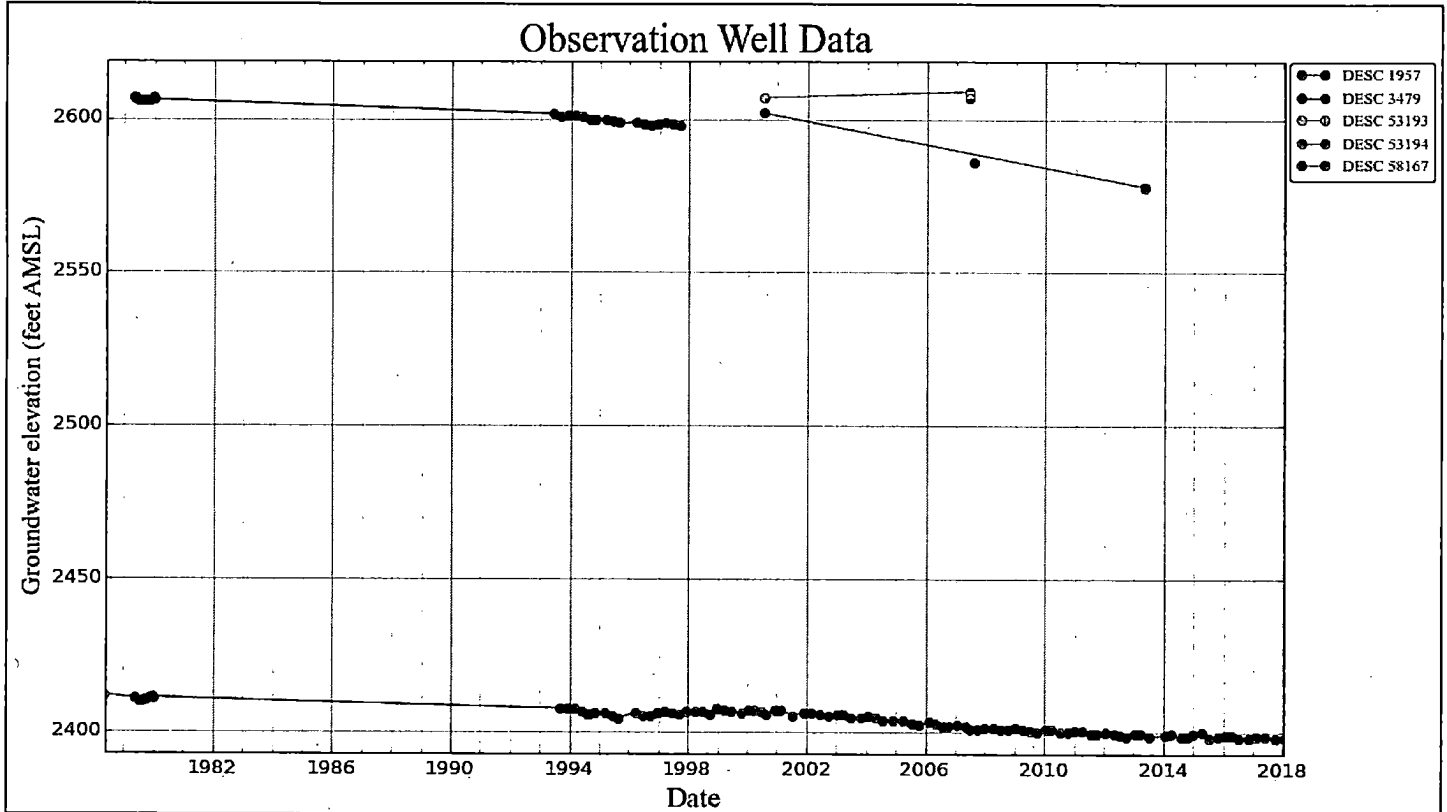
D2. **THE WELL does not appear to meet current well construction standards based upon:**

- 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

