

**Application for Waiver from Construction Standards for Public Water Systems**

Water System Name	Manzanita Hill Subdivision	PWS ID	06155
Project or Facility	New Well	County	Jackson
Need for waiver identified:	<input type="checkbox"/> Water System Survey	Date of Survey	N/a
	<input checked="" type="checkbox"/> Plan Review # 165-2022		

Construction standard requested to be waived: OAR 333-061-0050 (2)(a)(B)

As provided under OAR 333-061-0055, the Department may grant waivers from the construction standards prescribed by these rules:

- (a) When it is demonstrated to the satisfaction of the Department that strict compliance with the rule would be highly burdensome or impractical due to special conditions or causes; and
- (b) When the public or private interest in the granting of the waiver is found by the Department to clearly outweigh the interest of the application of uniform rules; and
- (c) When alternate measures are provided which, in the opinion of the Department, will provide adequate protection to the health and safety of the public including the ability to produce water which does not exceed the maximum contaminant levels listed in rule 333-061-0030.

Describe situation that conflicts with the standard. The water system is in an emergency situation. They primary well has reduced flow to the point where the water system is hauling water. The has forced the water system to drill a new well. There is extremely limited locations in the area to locate the well, this has cause the proposed location to not meet OAR 333-061-0050(2)(a)(B) for set back to the adjacent property. The attached well log shows clay from ground surface to 19 feet below ground surface. This meets the requirements of OAR 690-210-0140 for sealing into significant clay bed.

Describe why meeting the standard is highly burdensome or impractical. There are no locations in the vicinity that meet the setback requirements

Describe proposed alternate measure that provide adequate protection to public health and safety. The well is drilled into a significant clay bed that should provide confinement to the supply aquifer for protection.

  
\_\_\_\_\_  
Signature

5/19/2023  
\_\_\_\_\_  
Date

Name Dan Scalas, P.E.

Attach plans of proposed waiver request or additional supporting information and

- Email your regulator; or
- Email [dws.planreview@dhsosha.state.or.us](mailto:dws.planreview@dhsosha.state.or.us); or
- Mail:  
Oregon Health Authority  
Drinking Water Services #640  
PO Box 14450

Address 1435 Esplanade Ave.  
City/State/Zip Klamath Falls, Or 97601  
Telephone Number 541-281-7920

Portland, OR 97293-0450

Comments:

Attachments: Well Log

**OHA Use Only**

Waiver ID 2023-455

Entered into waiver database

Plan Review Coordinator's notes: well is properly constructed in a confined aquifer.

After due consideration the above requested waiver from the construction standards of OAR 333-061-0050 is hereby:

Approved    Comments:

Denied

*Kari Salis*

6/7/2023

Drinking Water Regional Manager Signature  
Oregon Health Authority

Date

Waiver database updated

STATE OF OREGON WATER SUPPLY WELL REPORT

JACK 65761

WELL I.D. LABEL# L

150762

START CARD #

1061127

ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

5/16/2023

(1) LAND OWNER

Owner Well I.D.

First Name Last Name Company MANZANITA HILLS HOA Address PO BOX 157 City SHADY COVE State OR Zip 97539

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion

[ ] Alteration (complete 2a & 10) [ ] Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd Seal: Material From To Amt sacks/lbs

(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

Special Standard [ ] (Attach copy)

Depth of Completed Well 360.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, sacks/lbs. Includes rows for Bentonite Chips and Calculated values.

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

[X] Other DRY POURED

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

Table with columns: Casing, Liner, Dia, +, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes rows for 6 inch and 4 inch casings.

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 38

Temp casing [ ] Yes Dia From + To

(7) PERFORATIONS/SCREENS

Perforations Method Lazer/Saw Cut

Screens Type Material

Table with columns: Perf, Casing/Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size. Includes rows for 4 inch screens.

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

[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Includes row with values 2, 360, 1.

Temperature 55 °F Lab analysis [ ] Yes By

Water quality concerns? [ ] Yes (describe below) TDS amount 538 ppm

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

(9) LOCATION OF WELL (legal description)

County JACKSON Twp 34.00 S N/S Range 1.00 W E/W WM

Sec 21 SE 1/4 of the NE 1/4 Tax Lot 3605

Tax Map Number Lot

Lat " or 42.60178000 DMS or DD

Long " or -122.81739000 DMS or DD

[X] Street address of well [ ] Nearest address

140 CINDY CT. SHADY COVE, OR 97539

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Table with columns: Existing Well / Pre-Alteration, Completed Well, SWL(psi), SWL(ft). Includes row for 5/12/2023 with SWL of 26.

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES

Depth water was first found 104.00

SWL Date From To Est Flow SWL(psi) + SWL(ft)

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Includes rows for 5/12/2023 with SWL of 26.

(11) WELL LOG

Ground Elevation 1416.00

Table with columns: Material, From, To. Lists geological layers like TIGHT BROWN CLAY, COBBLES/GRAVEL, etc.

Date Started 5/11/2023

Completed 5/12/2023

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

License Number 2063 Date 5/16/2023

Signed RYAN GILL (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.

License Number 1835 Date 5/16/2023

Signed KEVIN GILL (E-filed)

Contact Info (optional) Clouser Drilling Inc.

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

JACK 65761

5/16/2023

Map of Hole

