

REQUEST FOR APPROVAL OF A LOW TEMPERATURE GEOTHERMAL INJECTION WELL

APPLICANT

Name: _____ Phone: _____

Address: _____
Street

_____ *City* *State* *Zip*

ADDRESS AND LOCATION OF PRODUCTION WELL(S)

Please list any wells which produce waste water that will ultimately be disposed of at your proposed injection well.

Name and address of well owner: _____

Address at well site or nearest known address: _____

Location of well: Township _____, Range _____, Section _____, 1/4 _____, 1/4 _____

Note: If you plan to dispose of effluent (waste water) that originates from more than one production well, please record the additional information required under this section on a separate page and include with this request.

ADDRESS AND LOCATION OF PROPOSED INJECTION WELL

Name and address of well owner: _____

Address at well site or nearest known address: _____

Location of well: Township _____, Range _____, Section _____, 1/4 _____, 1/4 _____

Note: Any production well(s) and the injection well must be shown on a 7 1/2-minute USGS topographic map or a tax lot map. Indicate elevation of land surface at each well head, horizontal distance between production well(s) and injection well, and identify the owner of each well on the map (maps should be available from the Department in Salem or the local Watermaster office). The Department or local Watermaster will send you a photocopy of the map at your request.

WATER WELL REPORTS

Attach water well reports for each well involved in this proposal. Record current owner on each water well report if known. Water well reports are available from the Department in Salem or the local Watermaster office. If a water well report cannot be found, provide the following well information if readily available. Include the following:

Original well owner: _____

Date originally drilled: _____, Well driller: _____

Well depth: _____, Casing Size: _____

Is casing perforated?: _____ yes, _____ no. If yes, at what depths: _____

WATER WELL REPORTS (Continued)

Bottom hole temperature (degrees Fahrenheit): _____, Date: _____

Static water level: _____, Date: _____

Note: If no well information is available, skip this section and proceed to the next section.

DESCRIBE YOUR CURRENT WELL SYSTEM

How is your well utilized? _____

If known, please provide the following information. (Please attach copies of any known water quality data for your well).

Pumping rate: _____(gallons per minute).

Disposal temperature of waste water as it exits your system: _____ (degrees Fahrenheit).

Have you added any substance (oil, paraffin, etc.) to your well to inhibit corrosion?

_____yes _____no _____don't know.

Additional comments: _____

DESCRIBE YOUR INJECTION PLANS

If known, please provide the following information:

Proposed well depth: _____ Proposed casing size: _____

Proposed injection temperature: _____(degrees Fahrenheit).

Proposed injection rate: _____(gallons per minute).

Note: If the proposed injection well has already been drilled, please attach the water well report.

Signature of Applicant

Date

If you need more information or help with your injection plans, contact the **OREGON WATER RESOURCES DEPARTMENT** in Salem at **503-986-0844**.

Please send your completed request to the following address:

OREGON WATER RESOURCES DEPARTMENT
Low-temperature Geothermal Program
725 Summer Street NE, Suite A
Salem, OR 97301-1266