CLAIM OF BENEFICIAL USE for Groundwater Permits claiming more than 0.1 cfs

OREGON WATER RESOURCES DEPARTMENT
Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

RECEIVED
JUN 20 2023
OWRD

A fee of $230 must accompany this form for permits with priority dates of July 9, 1987, or later.

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at: https://www.oregon.gov/OWRD/Forms/Pages/default.aspx
The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-979-9103.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see
https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G- 16757	G- 17639	T- 12285

2. Property Owner (current owner information):

Applicant/Business Name	Phone No.	Additional Contact No.
Wallowa County Health Care Dist.	541-263-1352	541-426-5400

Address			
601 medical Parkway			
City	State	Zip	E-Mail
Enterprise	Oregon	97828	nathan.elliott@wchcd.org

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. ***Each*** *permit holder of record must sign this form.*

3. Permit holder of record (this may, or may not, be the current property owner):

Permit Holder of Record		
same		
Address		
City	State	Zip

Additional Permit Holder of Record		
Address		
City	State	Zip

4. Date of Site Inspection:

April 16, 2023

5. Person(s) interviewed and description of their association with the project:

Name	Date	Association with the Project
Nathan Elliott	April 16, 2023	hospital maintenance Super.

6. County:

Wallowa

7. If any property described in the place of use of the permit is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

Owner of Record		
NA		
Address		
City	State	Zip

Add additional tables for owners of record as needed

RECEIVED
JUN 20 2023
OWRD

RECEIVED
JUN 20 2023
OWRD

SECTION 2

SIGNATURES

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.

Seal and Signature

CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Ralph W. Swinehart		541-398-1550	
ADDRESS PO Box 2166			
CITY Enterprise	STATE Oregon	ZIP 97828	E-MAIL ralphswinehart45@gmail.com

Permit Holder of Record Signature or Acknowledgement

Each *permit holder of record must sign this form in the space provided below.*

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
Nathan Elliott	Nathan Elliott	Plant Services Supervisor	5/11/2023

RECEIVED
JUN 20 2023
OWRD

SECTION 3

CLAIM DESCRIPTION

1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well #1, #2, #3, #4	L9 0069, L90070, L90071, L116901	

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. Point of appropriation source, if indicated on permit:

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
1-2-3-4	Trout Creek	Wallowa River

3. Developed use(s), period of use, and rate for each use:

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
1-2-3-4	non consumptive geothermal		all year	450 gpm max
Total Quantity of Water Used	see attached use reports			

4. Provide a general narrative description of the distribution works. This description must trace the water system from **each** point of appropriation to the place of use:

Well #4 is primary use well; 1,2,3 are backup use only
Wells pump into 6" mainline to maintenance shop building where geothermal heat in water is used to heat and cool hospital. Water is discharge to a water feature and then to existing ditch on north side of hospital property

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. YES (NO)

(e.g. *"The permit allowed three points of appropriation. The water user only developed one of the points."* or *"The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres."*)

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
1		150 gpm		geothermal	—	—
2		150 gpm	same			
3		150 gpm				
4		450 gpm				

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? (YES) NO

If *"YES"* you will need to copy and complete a separate Section 4 for each POA.

POA Name or Number this section describes (only needed if there is more than one):

Well #1

A. Place of Use

1. Is the right for municipal use? YES (NO)

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
Total Acres Irrigated									

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLot), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLot, and QQ.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? (YES) NO

If "NO", items 2 through 4 relating to this section may be deleted.

2. Describe the access port (type and location) or other means to measure the water level in the well:

manhole cover on top of 4' ϕ conc. sump

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
4	20	20	2/28/07		WCHCD	McCarthy

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

well log attached

RECEIVED

JUN 20 2023

OWRD

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? (YES) NO

If "NO", items 2 through 4 relating to this section may be deleted.
Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

2. If the appropriation involves a SUMP, provide the following information for each SUMP:

Length	Width	Average Diameter	Maximum Depth	Surface Area (in acres)	Volume in cubic feet or acre feet
20'	4'ϕ		20'	—	—

3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

Curbing Material (concrete, concrete tiles, or steel)	If Concrete, provide the thickness of the wall
4' ϕ conc manhole sections	4"

4. Provide sump volume calculations:

4 x 4 x .785 x 18 = 226 CF

D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used? (YES) NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information: See attached Chart

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake Size	Discharge Size
EPG Surepump	VSDPT 30-4		submersible		

3. Motor Information:

Manufacturer	Horsepower
	7.5 460V

4. Theoretical Pump Capacity:

Horsepower	Operating PSI	Lift from Source to Pump *If a well, the water level during pumping	Lift from Pump to Place of Use	Total Pump Output (in cfs)
				1/3

5. **Provide pump calculations:**

6. **Measured Pump Capacity (using meter if meter was present and system was operating):**

Initial Meter Reading	Ending Meter Reading	Duration of Time Observed	Total Pump Output (in cfs)

Reminder: For pump calculations use the reference information at the end of this document.

7. **Is the distribution system piped?** pump discharges to 6" hospital geothermal HVAC system (YES) NO

If "NO" items 8 through item 13 may be deleted.

8. **Mainline Information:** N A

Mainline Size	Length	Type of Pipe	Buried or Above Ground

9. **Lateral or Handline Information:** N A

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground

10. **Sprinkler Information:** N A

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. **Drip Emitter Information:** N A

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (cfs)

N A

12. Drip Tape Information:

Dripper Spacing in Inches	GPM per 100 Feet	Total Length of Tape	Maximum length of Tape Used	Total Tape Output (cfs)	Additional Information

N A

13. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (gpm)	Total Pivot Output (cfs)

E. Storage N A

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? YES NO

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank YES NO

Bulge in System / Reservoir YES NO

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank: N A

Material (concrete, fiberglass, metal, etc.)	Capacity (in gallons)	Above Ground or Buried

3. Bulge in System / Reservoir:

Reservoir Name or Number (correspond to map)	Approximate Dam Height	Approximate Capacity (in acre feet)

F. Gravity Flow Pipe N A

(The Department typically uses the Hazen-William's formula for a gravity flow pipe system)

1. Does the system involve a gravity flow pipe? YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

2. Complete the table:

Pipe Size	Pipe Type	"C" factor	Amount of Fall	Length of Pipe	Slope	Computed Rate of Water Flow (in cfs)

3. Provide calculations:

N A

4. If an actual measurement was taken, provide the following:

Date of Measurement	Who Made the Measurement	Measurement Method	Measured Quantity of Water (in cfs)

Attach measurement notes.

G. Gravity Flow Canal or Ditch N A

(The Department typically uses Manning's formula for canals and ditches)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

2. Complete the table:

Canal or Ditch Type (material)	Top Width of Canal or Ditch	Bottom Width of Canal or Ditch	Depth	"N" Factor	Amount of Fall	Length of Canal / Ditch	Slope	Computed Rate (in cfs)

3. Provide calculations:

4. If an actual measurement was taken, provide the following:

Date of Measurement	Who Made the Measurement	Measurement Method	Measured Quantity of Water (in cfs)

Attach measurement notes.

H. Additional notes or comments related to the system:

non consumptive use

RECEIVED
JUN 20 2023
OWRD

WALL 50847 WALL

50847

Well #1

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 90069

START CARD # 190902

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

(1) LAND OWNER Well Number #1
Name Wallowa County Health Care Dist.
Address 601 Medical Parkway
City Enterprise State OR Zip 97828

(2) TYPE OF WORK ☐ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☒ Conversion

(3) DRILL METHOD
☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☒ Other Dug Well

(4) PROPOSED USE
☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☒ Other Geothermal

(5) BORE HOLE CONSTRUCTION Special Construction: ☒ Yes ☐ No
Depth of Completed Well 20 ft.
Explosives used: ☐ Yes ☒ No Type ______ Amount ______

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
10'	0	20	Bentonite 3/8	0	10 BLS	68 sacks

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Pour Dry
Backfill placed from ______ ft. to ______ ft. Material ______
Gravel placed from 20' ft. to 10' ft. Size of gravel 3" Washed

(6) CASING/LINER Concrete

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	4'	+3	20'	5" Thick	☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None
Final location of shoe(s) N/A

(7) PERFORATIONS/SCREENS 2" on 12" centers
☒ Perforations Method Concrete Casting
☐ Screens Type ______ Material ______

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
20'	14'	2"	60	2"	4'	☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
150 gpm	18"	18"	4 hrs

Temperature of water 50 °F Depth Artesian Flow Found ______
Was a water analysis done? ☒ Yes By whom Coffee Laboratories
Did any strata contain water not suitable for intended use? No ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other ______
Depth of strata: ______

(9) LOCATION OF WELL (legal description)
County Wallowa
Tax Lot 100 Lot ______
Township 1 South N or S Range 44 E E or W WM
Section 35CA NW 1/4 SE 1/4
Lat ___°___'___" or ______ (degrees or decimal)
Long ___°___'___" or ______ (degrees or decimal)
Street Address of Well (or nearest address) 601 Medical Parkway

(10) STATIC WATER LEVEL
~~+1 Above~~ ft. ~~below~~ land surface. Date 2-27-07
2' Below ft. below land surface. Date ______
Artesian pressure 0 lb. per square inch Date 2-27-07

(11) WATER BEARING ZONES
Depth at which water was first found 7'

From	To	Estimated Flow Rate	SWL
7'	19'	150 gpm	-24"

(12) WELL LOG Ground Elevation ______

Material	From	To	SWL
Top Soil	0	2	
Brn Clay	2	3.5	
Grey Clay	3.5	7	
Sandy Gravels	7	20	-24"

RECEIVED
MAR 01 2007
WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED
OVER THE COUNTER

Date Started 1-2-07 Completed 2-27-07

(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.

WWC Number ______ Date ______

Signed ______

(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.

Bond WWC Number 70129901 Date 2-27-07

Signed Daniel P. McLastell

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER 06/16/2004

RECEIVED
JUN 20 2023
OWRD

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? (YES) NO

If *"YES"* you will need to copy and complete a separate Section 4 for each POA.

POA Name or Number this section describes (only needed if there is more than one):

well #2

A. Place of Use

1. Is the right for municipal use? YES (NO)

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
Total Acres Irrigated									

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLot), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLot, and QQ.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? (YES) NO

If "NO", items 2 through 4 relating to this section may be deleted.

2. Describe the access port (type and location) or other means to measure the water level in the well:

manhole cover on top of 4' ϕ concrete sump

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
4	20	20	2/27/07		WCHCD	McCarthy

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

well log attached

RECEIVED
JUN 20 2023
OWRD

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? (YES) NO

If "NO", items 2 through 4 relating to this section may be deleted.
Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

2. If the appropriation involves a SUMP, provide the following information for each SUMP:

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET
20'	4' Ø		20'	-	-

3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL
4' Ø concrete manhole sections	4"

4. Provide sump volume calculations:

4x4 x .785 x 18 = 226 CF

D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used? (YES) NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
EPG Surepump	VSOPT30-4		submersible		

3. Motor Information:

MANUFACTURER	HORSEPOWER
	7.5 hp 460v

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
				'13

5. Provide pump calculations:

6. Measured Pump Capacity (using meter if meter was present and system was operating):

Initial Meter Reading	Ending Meter Reading	Duration of Time Observed	Total Pump Output (in cfs)

Reminder: For pump calculations use the reference information at the end of this document.

7. Is the distribution system piped? pump discharges to 6" hospital geothermal HVAC system (YES) NO

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information: N/A

Mainline Size	Length	Type of Pipe	Buried or Above Ground

9. Lateral or Handline Information: N/A

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground

10. Sprinkler Information: N/A

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. Drip Emitter Information: N/A

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (cfs)

RECEIVED
JUN 20 2023
OWRD

12. Drip Tape Information: N/A

Dripper Spacing in Inches	GPM per 100 Feet	Total Length of Tape	Maximum length of Tape Used	Total Tape Output (cfs)	Additional Information

13. Pivot Information: N/A

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (cfs)

E. Storage N/A

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? YES NO

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank YES NO
Bulge in System / Reservoir YES NO

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

Material (concrete, fiberglass, metal, etc.)	Capacity (in gallons)	Above Ground or Buried

3. Bulge in System / Reservoir:

Reservoir Name or Number (correspond to map)	Approximate Dam Height	Approximate Capacity (in acre feet)

F. Gravity Flow Pipe N/A

(The Department typically uses the Hazen-William's formula for a gravity flow pipe system)

1. Does the system involve a gravity flow pipe? YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

2. Complete the table:

Pipe Size	Pipe Type	"C" factor	Amount of Fall	Length of Pipe	Slope	Computed Rate of Water Flow (in cfs)

3. Provide calculations:

4. If an actual measurement was taken, provide the following:

Date of Measurement	Who Made the Measurement	Measurement Method	Measured Quantity of Water (in cfs)

Attach measurement notes.

G. Gravity Flow Canal or Ditch N/A

(The Department typically uses Manning's formula for canals and ditches)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? **YES** **NO**

If "NO", items 2 through 4 relating to this section may be deleted.

2. Complete the table:

Canal or Ditch Type (material)	Top Width of Canal or Ditch	Bottom Width of Canal or Ditch	Depth	"N" Factor	Amount of Fall	Length of Canal / Ditch	Slope	Computed Rate (in cfs)

3. Provide calculations:

4. If an actual measurement was taken, provide the following:

Date of Measurement	Who Made the Measurement	Measurement Method	Measured Quantity of Water (in cfs)

Attach measurement notes.

H. Additional notes or comments related to the system:

non consumptive use

Well #2

WALL 50848 WAEL 50848

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 90070

START CARD # 190903

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

(1) LAND OWNER Well Number #2
Name Wallowa County Health Care District
Address 601 Medical Parkway
City Enterprise State OR Zip 97828

(2) TYPE OF WORK ☐ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☒ Conversion

(3) DRILL METHOD
☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☒ Other Dug Well

(4) PROPOSED USE
☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☒ Other Geothermal

(5) BORE HOLE CONSTRUCTION Special Construction: ☒ Yes ☐ No
Depth of Completed Well 20' ft.
Explosives used: ☐ Yes ☒ No Type ______ Amount ______

BORE HOLE Diameter	From	To	SEAL Material	From	To	Sacks or Pounds
10'	0	20'	Bentonite 3/8	+3	10' BG	89 Sacks

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Pour Dry
Backfill placed from ______ ft. to ______ ft. Material ______
Gravel placed from 20' ft. to 10' ft. Size of gravel 3" Washed

(6) CASING/LINER

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	4'	+3	20	5" Thick Concrete	☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None
Final location of shoe(s) N/A

(7) PERFORATIONS/SCREENS
☒ Perforations Method 2" on 12" Centers Concrete Casting
☐ Screens Type ______ Material ______

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
20'	14'	2"	60	2"	4'	☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
150gpm	18'	18'	4hrs

Temperature of water 50°F Depth Artesian Flow Found ______
Was a water analysis done? ☒ Yes By whom Coffee Laboratories
Did any strata contain water not suitable for intended use? NO ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other ______
Depth of strata: ______

(9) LOCATION OF WELL (legal description)
County Wallowa
Tax Lot 100 Lot ______
Township 1 South N or S Range 44 E E or W WM
Section 35CA NW 1/4 SE 1/4
Lat ___° ___' ___" or ______ (degrees or decimal)
Long ___° ___' ___" or ______ (degrees or decimal)
Street Address of Well (or nearest address) 601 Medical Parkway

(10) STATIC WATER LEVEL
+1' above ft. ~~below~~ land surface. Date 2-27-07
______ ft. below land surface. Date ______
Artesian pressure 0 lb. per square inch Date 2-27-07

(11) WATER BEARING ZONES
Depth at which water was first found 7'

From	To	Estimated Flow Rate	SWL
7'	20'	150gpm	+1

(12) WELL LOG Ground Elevation ______

Material	From	To	SWL
Top Soil	0	2'	
Brn Clay	2'	3.5'	
Grey Clay	3.5'	7'	
Sandy Gravels	7'	20'	+1

RECEIVED
MAR 01 2007
WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED
OVER THE COUNTER

Date Started 1-2-07 Completed 2-27-07

(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.

WWC Number ______ Date ______

Signed ______

(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.

Bond ~~WWC~~ Number 70129899 Date 2-27-07

Signed [signature]

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER 06/16/2004

RECEIVED
JUN 20 2023
OWRD

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? (YES) NO

If *"YES"* you will need to copy and complete a separate Section 4 for each POA.

POA Name or Number this section describes (only needed if there is more than one):

well #3

A. Place of Use

1. Is the right for municipal use? YES (NO)

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
Total Acres Irrigated									

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLot), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLot, and QQ.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? (YES) NO

If "NO", items 2 through 4 relating to this section may be deleted.

2. Describe the access port (type and location) or other means to measure the water level in the well:

manhole cover on top of 4" ϕ conc. sump

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
4"	20'	20'	2/27/07			McCarthy

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

well log attached

RECEIVED
JUN 20 2023
OWRD

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? (YES) NO

If "NO", items 2 through 4 relating to this section may be deleted.
Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

2. If the appropriation involves a SUMP, provide the following information for each SUMP:

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET
20'	4' Ø		20'	-	-

3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL
4' Ø concrete manhole sections	4"

4. Provide sump volume calculations:

4x4x.785x18 = 226 cf

D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used? (YES) NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
EPG Surepump	VSOPT30-4		submersible		

3. Motor Information:

MANUFACTURER	HORSEPOWER
	7.5 hp 460 v

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
				1/3

5. Provide pump calculations:

6. Measured Pump Capacity (using meter if meter was present and system was operating):

Initial Meter Reading	Ending Meter Reading	Duration of Time Observed	Total Pump Output (in cfs)

Reminder: For pump calculations use the reference information at the end of this document.

7. Is the distribution system piped? pump discharges to 6" hospital geothermal HVAC system (YES) NO

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information: N/A

Mainline Size	Length	Type of Pipe	Buried or Above Ground

9. Lateral or Handline Information: N/A

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground

10. Sprinkler Information: N/A

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. Drip Emitter Information: N/A

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (cfs)

RECEIVED
JUN 20 2023
OWRD

12. Drip Tape Information: N/A

Dripper Spacing in Inches	GPM per 100 Feet	Total Length of Tape	Maximum length of Tape Used	Total Tape Output (cfs)	Additional Information

13. Pivot Information: N/A

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (gpm)	Total Pivot Output (cfs)

E. Storage N/A

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? YES NO

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank YES NO
Bulge in System / Reservoir YES NO

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank: N/A

Material (concrete, fiberglass, metal, etc.)	Capacity (in gallons)	Above Ground or Buried

3. Bulge in System / Reservoir:

Reservoir Name or Number (correspond to map)	Approximate Dam Height	Approximate Capacity (in acre feet)

F. Gravity Flow Pipe N/A

(The Department typically uses the Hazen-William's formula for a gravity flow pipe system)

1. Does the system involve a gravity flow pipe? YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

2. Complete the table:

Pipe Size	Pipe Type	"C" factor	Amount of Fall	Length of Pipe	Slope	Computed Rate of Water Flow (in cfs)

3. Provide calculations:

N/A

4. If an actual measurement was taken, provide the following:

Date of Measurement	Who Made the Measurement	Measurement Method	Measured Quantity of Water (in cfs)

Attach measurement notes.

G. Gravity Flow Canal or Ditch N/A

(The Department typically uses Manning's formula for canals and ditches)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

2. Complete the table:

Canal or Ditch Type (material)	Top Width of Canal or Ditch	Bottom Width of Canal or Ditch	Depth	"N" Factor	Amount of Fall	Length of Canal / Ditch	Slope	Computed Rate (in cfs)

3. Provide calculations:

4. If an actual measurement was taken, provide the following:

Date of Measurement	Who Made the Measurement	Measurement Method	Measured Quantity of Water (in cfs)

Attach measurement notes.

H. Additional notes or comments related to the system:

non consumptive use

RECEIVED
JUN 20 2023
OWRD

Well #3

WALL 50849 WAll 50849

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 90071

START CARD # 190904

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

(1) LAND OWNER Well Number #3
Name Wallowa County Health Care Dist.
Address 601 Medical Parkway
City Enterprise State OR Zip 97828

(2) TYPE OF WORK ☒ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion

(3) DRILL METHOD
☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☒ Other Dug Well

(4) PROPOSED USE
☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☒ Other Geothermal

(5) BORE HOLE CONSTRUCTION Special Construction: ☒ Yes ☐ No
Depth of Completed Well 20 ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE Diameter	From	To	SEAL Material	From	To	Sacks or Pounds
10	0	20'	Bentonite	+3	20'	81 Sacks
			3/8		10' BLS	

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Poured Dry
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER Concrete

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	4'	+3'	20'	5" Thick	☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None
Final location of shoe(s) N/A

(7) PERFORATIONS/SCREENS 2" on 12" Centers
☒ Perforations Method Concrete Casting
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
20'	14'	2"	60	12"	4"	☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
150gpm	18'	18'	4hrs

Temperature of water 50°F Depth Artesian Flow Found _____
Was a water analysis done? ☒ Yes By whom Coffee Laboratories
Did any strata contain water not suitable for intended use? NO ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County Wallowa
Tax Lot 100 Lot _____
Township 1 South N or S Range 44 E E or W WM
Section 35CA NW 1/4 SE 1/4
Lat ___ ° ___ ' ___ " or ___ ___ ___ ___ . ___ ___ (degrees or decimal)
Long ___ ° ___ ' ___ " or ___ ___ ___ ___ . ___ ___ (degrees or decimal)
Street Address of Well (or nearest address) 601 Medical Parkway

(10) STATIC WATER LEVEL
+1' above ft. ~~below~~ land surface. Date 2-27-07
_____ ft. below land surface. Date _____
Artesian pressure 0 lb. per square inch Date 2-27-07

(11) WATER BEARING ZONES
Depth at which water was first found 7'

From	To	Estimated Flow Rate	SWL
7'	20'	150 gpm	+1'

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Top Soil	0	2'	
Red Clay	2'	3.5'	
Gray Clay	3.5	7'	
Sandy Gravels	7'	20'	+1'

RECEIVED
MAR 01 2007
WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED
OVER THE COUNTER

Date Started 2-27-07 Completed 2-27-07

(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.

WWC Number _____ Date _____

Signed _____

(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.

Bond WWC Number 70129896 Date 2-27-07

Signed Jerald P. McCurdy

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER 06/16/2004

RECEIVED
JUN 20 2023
OWRD

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? (YES) NO

If *"YES"* you will need to copy and complete a separate Section 4 for each POA.

POA Name or Number this section describes (only needed if there is more than one):

Well #4

A. Place of Use

1. Is the right for municipal use? YES (NO)

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
Total Acres Irrigated									

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLot), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLot, and QQ.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? (YES) NO

If "NO", items 2 through 4 relating to this section may be deleted.

2. Describe the access port (type and location) or other means to measure the water level in the well:

2" pipe cap on top of flanged well top

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
12"	78'	78'	10/1/2014		WCHCD	Zollman

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

well log attached

RECEIVED
JUN 20 2023
OWRD

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? YES (NO)

If "NO", items 2 through 4 relating to this section may be deleted.
Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

2. If the appropriation involves a SUMP, provide the following information for each SUMP:

Length	Width	Average diameter	Maximum depth	Surface area (in acres)	Volume in cubic feet or acre feet

3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

Curbing Material (concrete, concrete tiles, or steel)	If Concrete, provide the thickness of the wall

4. Provide sump volume calculations:

D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used? (YES) NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Berkeley	GTMH-450		Submersible	6"	6"

3. Motor Information:

Manufacturer	Horsepower
	15 hp 460v VFD

4. Theoretical Pump Capacity:

Horsepower	Operating PSI	Lift from Source to Pump *If a well, the water level during pumping	Lift from Pump to Place of Use	Total Pump Output (in CFS)
				1.0

RECEIVED
JUN 20 2023
OWRD

5. **Provide pump calculations:**

6. **Measured Pump Capacity (using meter if meter was present and system was operating):**

Initial Meter Reading	Ending Meter Reading	Duration of Time Observed	Total Pump Output (in cfs)

Reminder: For pump calculations use the reference information at the end of this document.

7. **Is the distribution system piped?** Pump discharges to 6" hospital geothermal HVAC system (YES) NO

If "NO" items 8 through item 13 may be deleted.

8. **Mainline Information:** NA

Mainline Size	Length	Type of Pipe	Buried or Above Ground

9. **Lateral or Handline Information:** NA

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground

10. **Sprinkler Information:** NA

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. **Drip Emitter Information:** NA

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (cfs)

RECEIVED
JUN 20 2023
OWRD

12. Drip Tape Information: NA

Dripper Spacing in Inches	GPM per 100 Feet	Total Length of Tape	Maximum length of Tape Used	Total Tape Output (cfs)	Additional Information

13. Pivot Information: NA

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)

E. Storage NA

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? YES NO

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank YES NO
Bulge in System / Reservoir YES NO

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

Material (concrete, fiberglass, metal, etc.)	Capacity (in gallons)	Above Ground or Buried

3. Bulge in System / Reservoir:

Reservoir Name or Number (correspond to map)	Approximate Dam Height	Approximate Capacity (in acre feet)

F. Gravity Flow Pipe NA

(The Department typically uses the Hazen-William's formula for a gravity flow pipe system)

1. Does the system involve a gravity flow pipe? YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

2. Complete the table:

Pipe Size	Pipe Type	"C" factor	Amount of Fall	Length of Pipe	Slope	Computed Rate of Water Flow (in cfs)

3. Provide calculations:

4. If an actual measurement was taken, provide the following:

Date of Measurement	Who Made the Measurement	Measurement Method	Measured Quantity of Water (in cfs)

Attach measurement notes.

G. Gravity Flow Canal or Ditch NA

(The Department typically uses Manning's formula for canals and ditches)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

2. Complete the table:

Canal or Ditch Type (material)	Top Width of Canal or Ditch	Bottom Width of Canal or Ditch	Depth	"N" Factor	Amount of Fall	Length of Canal / Ditch	Slope	Computed Rate (in cfs)

3. Provide calculations:

4. If an actual measurement was taken, provide the following:

Date of Measurement	Who Made the Measurement	Measurement Method	Measured Quantity of Water (in cfs)

Attach measurement notes.

H. Additional notes or comments related to the system:

non consumptive use

RECEIVED
JUN 20 2023
OWRD

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

WALL 51231
10/7/2014

WELL I.D. LABEL# L	116901
START CARD #	1024339
ORIGINAL LOG #	

(1) LAND OWNER

Owner Well I.D.
First Name Last Name
Company WALLOWA MEMORIAL HOSPITAL
Address 601 MEDICAL PARKWAY
City ENTERPRISE State OR Zip 97828

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion ☐ Alteration (complete 2a & 10) ☐ Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

☐ Rotary Air ☒ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other

(4) PROPOSED USE

☐ Domestic ☐ Irrigation ☐ Community ☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering
☒ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 100.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
20	0	91	Bentonite Chips	0	19	35	S
12	91	100					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED BENTONITE
Backfill placed from ft. to ft. Material
Filter pack from 19 ft. to 84 ft. Material PEA GRAVEL Size 3/8
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
◉	○	12	☒	2	78	.25	◉	○	☒	
○	○						○	○		
○	○						○	○		
○	○						○	○		
○	○						○	○		

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)
Temp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method Machine Slotted
Screens Type Material

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing	12	19	78	.188	3	1416	

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

○ Pump ○ Bailer ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
300		75	2

Temperature 52 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County WALLOWA Twp 1.00 S N/S Range 44.00 E E/W WM
Sec 35 NE 1/4 of the SW 1/4 Tax Lot 100
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
◉ Street address of well ○ Nearest address
601 MEDICAL PARKWAY
ENTERPRISE, OR 97828

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	10/1/2014			5.5

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 5.50

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
9/15/2014	5.5	100	300			5.5

(11) WELL LOG

Ground Elevation

Material	From	To
Filled and Packed Gravel	0	8
Course Sand and Fine Gravel	8	36
Course Sand and Large River Rock	36	65
Course Sand	65	68
Medium and Fine Sand	68	100

RECEIVED
JUN 20 2023
OWRD

Date Started 9/15/2014 Complete 10/1/2014

(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 Date

Signed

(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 1881 Date 10/7/2014

Signed GARRY L ZOLLMAN (E-filed)

Contact Info (optional) Garry Zollman

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

Item: Well Water Monthly Total Flow
Current Value: 1.01159E7 Gal Normal
View: Trend

Selected Extension: Trend - Present Value

Time:	9/12/17, 4:22:55 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	0.0
Time:	9/13/17, 11:35:25 AM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.15538E7
Time:	9/30/17, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.10125E7
Time:	10/31/17, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.2168E7
Time:	11/30/17, 11:58:00 PM PST
Well Water Monthly Total Flow.Trend (Gal):	1.24295E7
Time:	12/31/17, 11:58:00 PM PST
Well Water Monthly Total Flow.Trend (Gal):	1.07688E7
Time:	1/31/18, 11:58:00 PM PST
Well Water Monthly Total Flow.Trend (Gal):	5331838.0
Time:	2/28/18, 11:58:00 PM PST
Well Water Monthly Total Flow.Trend (Gal):	6367631.0
Time:	3/31/18, 11:58:01 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	8684315.0
Time:	4/30/18, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.04437E7
Time:	5/31/18, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.30342E7
Time:	6/30/18, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.33884E7
Time:	7/31/18, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.44295E7
Time:	8/31/18, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.40904E7
Time:	9/30/18, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.13925E7

334 gpm av

Selected Extension: Trend - Present Value

Time:	11/30/18, 11:58:00 PM PST
Well Water Monthly Total Flow.Trend (Gal):	1.10581E7
Time:	12/31/18, 11:58:00 PM PST
Well Water Monthly Total Flow.Trend (Gal):	1.13086E7
Time:	1/31/19, 11:58:01 PM PST
Well Water Monthly Total Flow.Trend (Gal):	1.19346E7
Time:	2/28/19, 11:58:00 PM PST
Well Water Monthly Total Flow.Trend (Gal):	1.03486E7
Time:	3/31/19, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.04829E7
Time:	4/30/19, 11:58:01 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	9878173.0
Time:	5/7/19, 12:09:39 AM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.24295E7
Time:	5/7/19, 4:19:43 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	0.0
Time:	5/7/19, 4:20:08 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.24295E7
Time:	5/31/19, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	6213508.0
Time:	6/30/19, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.06766E7
Time:	7/31/19, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.06485E7
Time:	8/31/19, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.07349E7
Time:	9/5/19, 9:56:46 AM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.07349E7
Time:	9/30/19, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.09065E7
Time:	10/31/19, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.14841E7

Selected Extension: Trend - Present Value

Time:	11/30/19, 11:58:00 PM PST
Well Water Monthly Total Flow.Trend (Gal):	1.09685E7
Time:	12/31/19, 11:58:00 PM PST
Well Water Monthly Total Flow.Trend (Gal):	1.13416E7
Time:	1/31/20, 11:58:00 PM PST
Well Water Monthly Total Flow.Trend (Gal):	1.14729E7
Time:	2/29/20, 11:58:00 PM PST
Well Water Monthly Total Flow.Trend (Gal):	1.04453E7
Time:	3/31/20, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.13907E7
Time:	4/30/20, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.0694E7
Time:	5/31/20, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.08957E7
Time:	6/30/20, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.05162E7
Time:	7/31/20, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.06232E7
Time:	8/31/20, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.07482E7
Time:	9/8/20, 6:25:39 AM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.07482E7
Time:	9/30/20, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.03398E7
Time:	10/31/20, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.07135E7
Time:	11/30/20, 11:58:00 PM PST
Well Water Monthly Total Flow.Trend (Gal):	9706807.0
Time:	12/31/20, 11:58:00 PM PST
Well Water Monthly Total Flow.Trend (Gal):	9534456.0
Time:	1/31/21, 11:58:00 PM PST

Selected Extension: Trend - Present Value

Well Water Monthly Total Flow.Trend (Gal): 9543709.0

Time: 2/28/21, 11:58:00 PM PST
Well Water Monthly Total Flow.Trend (Gal): 8609582.0

Time: 3/31/21, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal): 9913067.0

Time: 4/30/21, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal): 9746402.0

Time: 5/31/21, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal): 1.05608E7

Time: 6/30/21, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal): 1.01743E7

Time: 7/31/21, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal): 1.03553E7

Time: 8/31/21, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal): 1.04198E7

Time: 9/30/21, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal): 1.01541E7

Time: 10/31/21, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal): 1.10291E7

Time: 11/30/21, 11:58:00 PM PST
Well Water Monthly Total Flow.Trend (Gal): 1.09529E7

Time: 12/31/21, 11:58:00 PM PST
Well Water Monthly Total Flow.Trend (Gal): 1.07787E7

Time: 1/31/22, 11:58:00 PM PST
Well Water Monthly Total Flow.Trend (Gal): 8664632.0

Time: 2/28/22, 11:58:00 PM PST
Well Water Monthly Total Flow.Trend (Gal): 7697092.0

Time: 3/31/22, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal): 9607588.0

Time: 4/30/22, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal): 1.02566E7

Time: 5/31/22, 11:58:00 PM PDT

Selected Extension: Trend - Present Value

Time:	5/31/22, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.01535E7
Time:	6/30/22, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	9391123.0
Time:	7/31/22, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	9673130.0
Time:	8/31/22, 11:58:00 PM PDT
Well Water Monthly Total Flow.Trend (Gal):	1.0116E7

Well #1 (L90069)

Make: EPG Surepump

Model: VSDPT30-4,

Horsepower: 7.5,

Voltage: 460V,

GPM: 150

Well #2 (L90070)

Make: EPG Surepump

Model: VSDPT30-4,

Horsepower: 7.5,

Voltage: 460V,

GPM: 150

Well #3 (L90071)

Make: EPG Surepump

Model: VSDPT30-4,

Horsepower: 7.5,

Voltage: 460V,

GPM: 150

Well #4 (L116901)

Make: Berkeley

Model: 6TMH-450,

Horsepower: 15hp,

Voltage: 460v -VFD,

GPM: 450

RECEIVED

JUN 20 2023

OWRD

SECTION 5

CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
	11/2/2006 3/5/2009		
ISSUANCE DATE	7/18/2016		
BEGIN CONSTRUCTION (A)	1/2/07 9/15/2014	2/27/07 10/1/2014	wells 1,2,3 completed well 4 completed
COMPLETE CONSTRUCTION (B)			
COMPLETE APPLICATION OF WATER (C)		3/18/2007	hospital opened and water used for HVAC

* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)? (YES) NO

If "NO", items a and b relating to this section may be deleted.

a. Did the Extension Final Order require the submittal of Progress Reports? (YES) NO

If "NO", item b relating to this section may be deleted.

b. Were the Progress Reports submitted? (YES) NO

If the reports have not been submitted, attach a copy of the reports if available.

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? YES (NO)

If "NO", items b through d relating to this section may be deleted.

b. What month was the initial measurement to be taken in?

c. Was the measurement submitted to the Department? YES NO

d. If the initial measurement was not submitted, provide that measurement now, if available:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? YES (NO)

If "NO", items b through e relating to this section may be deleted.

b. Provide the month, or months, the static water level measurement(s) were to be made:

c. Were the static water level measurements taken in the month(s) required? YES NO

d. If "YES", were those measurements submitted to the Department? YES NO

e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

5. Pump Test:

a. Did the permit require the submittal of a pump test? (YES) NO

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:
https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx

If "NO", items b through e relating to this section may be deleted.

b. Has the pump test been previously submitted to the Department? (YES) NO

c. Is the pump test attached to this claim? (YES) NO

d. Has the pump test been approved by the Department? YES NO

e. Has a pump test exemption been approved by the Department? pending requested for 1,2,3 YES NO

**** Claims will not be reviewed until a pump test or exemption has been approved by the Department**

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? (YES) NO

If "NO", items b through f relating to this section may be deleted.

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion or appropriation.

b. Has a meter been installed? (YES) NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
1,2,3,4	ONICON	150028	working		2007
	model F-1211				

If a meter has been installed, items d through f relating to this section may be deleted.

RECEIVED
JUN 20 2023
OWRD

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? YES NO

e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

NAME	TITLE	APPROXIMATE DATE

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? (YES) NO

If "NO", item b relating to this section may be deleted.

b. Have the reports been submitted? (YES) NO

If the reports have not been submitted, attach a copy of the reports if available.

8. Other conditions required by permit, permit amendment final order, or extension final order:

a. Were there special well construction standards? YES (NO)

b. Was submittal of a ground water monitoring plan required? YES (NO)

c. Was submittal of a water management and conservation plan required? YES (NO)

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? (YES) NO

WELL ID #	DATE ATTACHED TO WELL
	2.

#1 L90069
#2 L90070
#3 L90071
#4 L116901

e. Other conditions? YES NO

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

tags were attached

RECEIVED
JUN 20 2023
OWRD

SECTION 6

ATTACHMENTS

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	DESCRIPTION
	well logs
	pump info
	water use reports

SECTION 7

CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

aerial photos, assessor maps. well locations were accurately determined by Wallowa Associates, Enterprise, Oregon using 2020 survey for reset center of section

RECEIVED

JUN 20 2023

OWRD

Nathan Elliott

(541)426-5400

Nathan.elliott@wchcd.org

Wallowa Memorial Hospital

601 Medical Parkway

Enterprise, OR 97828

Application # G-16757

Permit # G-17639

Permit Amendment # T-12285

Attached:

1. Claim of Beneficial Use packet.
2. Check for fee of $230 to submit claim of beneficial use.