

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

Wall
50676

JAN 16 2004

WATER RESOURCES DEPT
SALEM OREGON

WELL I.D. # L 68653
START CARD # 160123

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

(1) LAND OWNER Well Number _____
Name WALLOWA County Fair Board
Address 668 NW 1st St
City Enterprise State OR Zip 97128

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 400 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	23	Concrete	20	22	20 sacks
8"	23	320	Bentonite	0	10	26 sacks
6"	320	400				

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from NONE ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	12	28	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6"	200	400	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	NONE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 6" 268 6" 200 6 Ringbit 400

(7) PERFORATIONS/SCREENS:

Perforations Method Bit Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
130	200	1/2	600	8"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
200	400	1/2	800	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
75 to 100		200	1 hr.

Temperature of water 53° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Wallowa Latitude _____ Longitude _____
Township 15 N or S Range 44E E or W. WM.
Section 35 NW 1/4 SE 1/4
Tax Lot 1800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 668 NW 1st St Enterprise OR

(10) STATIC WATER LEVEL:
17 ft. below land surface. Date 1-12-04
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 60

From	To	Estimated Flow Rate	SWL
100	400	25 to 100	17

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	5	
Light Brown Clay	5	10	
Red Brown Clays & Gravel	10	40	
Light Brown Clay Gravel	40	65	
Brown Clay & Gravel	65	98	
Pemented Gravel w Clay & Gravel Sands	98	400	17

RECEIVED

FEB 04 2004

WATER RESOURCES DEPT
SALEM OREGON

Date started 12-22-03 Completed 1-12-04

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
Signed [Signature] WWC Number 1737 Date 1-13-04

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed [Signature] WWC Number 415 Date 1-14-04