

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

LOST!  
WELL I.D. # L ~~166036~~ Repl: L 137010  
START CARD # 172216

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

(1) LAND OWNER Well Number City Well No. 1  
Name City of Joseph  
Address 201 North Main, PO Box 15  
City Joseph State OR Zip 97846

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

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Other reverse circulation

(4) PROPOSED USE  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Livestock  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION Special Construction:  Yes  No  
Depth of Completed Well 271 ft.  
Explosives used:  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
24"	0	28'	Cement	0	140	243 (96 lb sacks)
20"	28'	120'				
16"	120'	271'				

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from 140 ft. to 271 ft. Size of gravel 6-9 CSS

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>See Attachment</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>See Attachment</u>						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input 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
<u>400 gpm</u>	<u>54.35</u>	<u>pump @ 164'</u>	<u>24 hours</u>

Temperature of water 56 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 (legal description)  
County Wallowa  
Tax Lot 901 Lot \_\_\_\_\_  
Township 2 S Range 45 E WM  
Section 30 SE 1/4 SE 1/4  
Lat \_\_\_\_\_ ° ' " or \_\_\_\_\_ (degrees or decimal)  
Long \_\_\_\_\_ ° ' " or \_\_\_\_\_ (degrees or decimal)

Street Address of Well (or nearest address) Wallowa Ave, Joseph, OR  
(E of N East St and W of the Fairgrounds, S side of Wallowa Ave)

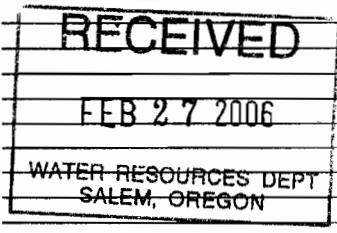
(10) STATIC WATER LEVEL  
76.3 ft. below land surface. Date 8/17/05  
\_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES  
Depth at which water was first found 98'

From	To	Estimated Flow Rate	SWL

(12) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To	SWL
<u>See attached sheet for details</u>			



Date Started 3-9-05 Completed 9-20-05

(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 1530 Date 9-23-05  
Signed Steve Villard

(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.

WWC Number 1506 Date 9-30-05  
Signed [Signature]

# WALL 50774



*Geo-Tech Explorations*  
**A Division of Boart Longyear**  
 19700 SW Teton Ave  
 Tualatin, OR 97062  
 503-692-6400 /  
 503-692-4759 (fax)

**Start Card:** 172216    L 137010  
**Well Label:** L66036  
**Boring # :**    City of Joseph Well No. 1

### Casing/Liner

Casing	Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16"	+3'	119.3'	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12"	84'	180'	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12"	190'	215'	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12"	250'	271'	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Final Location of Shoe(s): \_\_\_\_\_

### Perforations/Screens

Perforations      Method \_\_\_\_\_  
 Screens            Type wire wrap      Material stainless steel

Casing	Liner	From	To	Slot Size	Number	Diameter	Tele/Pipe Size
<input type="checkbox"/>	<input checked="" type="checkbox"/>	180'	190'			12"	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	215'	250'			12"	
<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"/>						

### Water Bearing Zones:

Depth at which water was first found 98 ft.

From	To	Estimated Flow / Specific Capacity	SWL
98	101	23 gpm	90
157	167		90
178	188		90
215	227		90
233	247		90

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FEB 27 2006

WATER RESOURCES DEPT  
SALEM, OREGON





Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for
Well ID Number

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NOV 22 2019

Do not complete if the well already has a Well Identification Number.

OWRD

I. OWNER INFORMATION

Current Owner Name (please print): City of Joseph
Mailing Address: PO Box 15
City, State, Zip: Joseph, OR 97846
Mail Well ID to: [ ] SAME AS ABOVE [X] In Care Of (C/O)
Name & Address: Levi Tickner, City of Joseph, PO Box 15
City, State, Zip: Joseph, OR 97846

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 2 South (North / South) Range: 45 East (East / West) Section: 30 SE 1/4 of the SE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 901 County Wallowa
GPS Coordinates: 45° 21' 16.85" N -117° 13' 57.72" W
Street Address of Well, City: N/A - tax lot #901 is located immediately east of the rodeo arena in City of Joseph
If the property had a different street address in the past: N/A

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): community/municipal
Date Well Constructed (or property built): 9/20/05 Total Well Depth: 271 feet Casing Diameter: 24 inches
Owner at time the well was constructed (if known): City of Joseph Well Report # (if known): WALL 50774
Other Information: Tag #L66036 was lost. Need replacement tag. No other wells are on tax lot 901.

SUBMITTED BY (please print): William Goss, PE w/ Oregon Health Authority - Drinking Water Services
PHONE: 541-966-0900 EMAIL &/or FAX: william.h.goss@state.or.us 541-276-4778

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

\*Replacement tag

For Official Use Only by the Oregon Water Resources Department:

Received Date: 11-22-19 Well Report Number: WALL 50774 Well Identification #: L-137010