

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 OK 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'	benomite	0	1085	68 sacks
			3/8			

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

Casing:	Diameter	From	To	Gauge	SEAL		
					Steel	Plastic	Welded Threaded
	4'	+3	20'	5" thick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"	<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
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 3E 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  
~~11 Above~~ ft. below land surface. Date 2-27-07  
27 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	<del>24"</del>

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

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

RECEIVED  
MAR 01 2007  
RECEIVED  
OVER THE COUNTER  
WATER RESOURCES DEPT  
SALEM, OREGON  
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.

WWC Number 70129901 Date 2-27-07  
Signed Amal R. M. M. M.