

WALL 50848

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

WELL I.D. # L _____

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			SEAL		
Diameter	From	To	Material	From	To
10'	0	20'	Bentonite + 3/8"	0	10'
					10' BLS
					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** Concrete

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

Liner: _____

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

(7) **PERFORATIONS/SCREENS** 2" on 12" Centers Concrete Casting
 Perforations Method _____
 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 Bend
 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'	
Brn Clay	2'	3.5'	
Grey Clay	3.5'	7'	
Sandy Gravels	7'	20'	+1

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 70129899 Date 2-27-07
 Signed Samuel P. McCarty

WALL 50848
WALL
50848

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

WELL I.D. # L 90070
START CARD # 190903

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

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

(6) CASING/LINER Concrete

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 4"	+3	20	5" Thick	<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) N/A

(7) PERFORATIONS/SCREENS 2" on 12" Centers Concrete Casting

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 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'	
Brn Clay	2'	3.5'	
Grey Clay	3.5'	7'	
Sandy Gravels	7'	20'	+1

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WWC Number _____ Date _____
Signed _____

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WWC Number 70129899 Date 2-27-07
Signed Janell M. McWhorter