

WALL 50849
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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
Name Wallowa County Health Care Dist. Well Number #3
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			Sacks or Pounds
Diameter	From	To	Material	From	To	
10	0	20'	Bentonite	20'	20'	81 Sacks
			3/8"		10' 8 1/2"	

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 _____

Casing:	Diameter	From	To	Gauge	Steel	Concrete			
						Plastic	Welded	Threaded	
	4'	73'	20'	5" Thick	<input type="checkbox"/>	<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
 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 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

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

RECEIVED

MAR 01 2007

OVER THE COUNTER

WATER RESOURCES DEPT
SALEM, OREGON
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.

WWC Number 70129896 Date 2-27-07

Signed Janice R. McCutcheon