

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 111925

START CARD # 200578 16P5

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

(1) LAND OWNER Owner Well I.D. Well # 2 First Name City of Wallawa Last Name Company Address 104 W. Pine / P.O. Box 487 City Wallawa State Or Zip 97885

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

(3) DRILL METHOD [X] Rotary Air [X] Rotary Mud [] Cable [] Auger [] Cable Mud [] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [] Irrigation [] Community [] Industrial/Commercial [] Livestock [] Dewatering [] Injection [] Thermal [] Other Municipal Supply

(5) BORE HOLE CONSTRUCTION Special Standard: [] Yes (attach copy) Depth of Completed Well 870 ft.

Table with columns: BORE HOLE (Dia, From, To, Material, Amount) and SEAL (From, To, Amount). Rows show cement grout seal at 0-150, 150-350, and 350-870 feet.

How was seal placed: Method [] A [X] B [] C [] D [] E Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size Explosives used: [] Yes Type Amount

Casing Liner table with columns: Casing, Liner, Dia, From, To, Gauge, Steel, Plastic, Welded, Thrd. Shows 12 inch casing from 0 to 870 feet.

Shoe [] Inside [] Outside [] Other Location of shoe(s) Temporary casing [] Yes Diameter From To

(7) PERFORATIONS/SCREENS Perforations Method Torch Screens Type 304 Material stainless

Table with columns: Perf, Scrm, Casing, Liner, Screen Dia, From, To, Screen/slot width, Slot length, # of slots, Tele/pipe size. Shows screen details at 354.5, 390.5, and 530.9 feet.

(8) WELL TESTS: Minimum testing time is 1 hour [X] Pump [] Bailer [] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Shows yield of 1200 gal/min at 19.3' drawdown.

Temperature 51 F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units. For water quality concerns.

(9) LOCATION OF WELL (legal description) County wallawa Twp 1 N or S Range 42 E or W W.M. Sec 14 NE 1/4 of the NW 1/4 Tax Lot 14-42-14-B-A Tax Map Number Lot 3700 + 3800 Lat Long Street Address of Well (or nearest address) Third & Douglas

(10) STATIC WATER LEVEL Date 9-19-13 SWL (psi) 106.9 SWL (ft) 106.9 Flowing Artesian? [] Yes Dry Hole? [] Yes

WATER BEARING ZONES: High water was first found 354 RECEIVED BY OWRD OCT 07 2013

(11) WELL LOG SALEM, OR Ground Elevation

Well log table with columns: Material, From, To. Lists geological layers: Gravel, Black Basalt (MH), Brn. Blk Basalt Porous, Tan clay seams frag. (MH), Broken Brn. Blk. Basalt, Clay seams (M), Blk frag. Basalt (MH), Brn. Broken Basalt Brn. Clay (MH), Brn. Viscous Basalt (L), Blk frag. Basalt (M), Blk Basalt (LH), weathered Basalt Broken (MH), Red Basalt Brn. clay stone (VS), Fractured Blk Basalt white, Brn. Clay stone (VS), Blk Basalt (LH).

Date Started 5-16-13 Completed 9-12-13

(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.

License Number Date DEC 13 2013 Signed SALEM, OR

(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.

License Number 1942 Date 10-1-13 Signed Contact Info. (optional)

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 111925
START CARD # 200578
2013

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

(1) LAND OWNER Owner Well I.D. well # 2
First Name Last Name
Company City of Wallowa
Address 104 W Pine PO Box 487
City Wallowa State Or Zip 97985

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

(3) DRILL METHOD
[X] Rotary Air [X] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [] Irrigation [] Community
[] Industrial/Commercial [] Livestock [] Dewatering [] Injection
[] Thermal [] Other Mini-canal Supply

(5) BORE HOLE CONSTRUCTION Special Standard: [] Yes (attach copy)
Depth of Completed Well 370 ft.

Table with columns: BORE HOLE (Dia, From, To, Material, Amount, Scks/lbs) and SEAL (From, To, Amount, Scks/lbs)

How was seal placed: Method [] A [X] B [] C [] D [] E
[] Other
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [] Yes Type Amount

(6) CASING/LINER Table with columns: Casing/Linr, Dia, From, To, Gauge, Steel, Plastic, Welded, Thrd

Shoe [] Inside [] Outside [] Other Location of shoe(s)
Temporary casing [] Yes Diameter From To

(7) PERFORATIONS/SCREENS
Perforations Method Turck
Screens Type 304 Material stainless

Table with columns: Perf, Casing, Liner, Screen Dia, From, To, Screen slot width, Slot length, # of slots, Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[X] Pump [] Bailer [] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
1700 19.3 280 24

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)
County Wallowa Twp 1 N or S Range 42 E or W W.M.
Sec 14 NE 1/4 of the NW 1/4 Tax Lot 14-42-14-BA
Tax Map Number Lot 3700 + 3800
Lat Long
Street Address of Well (or nearest address) Third + Douglas

(10) STATIC WATER LEVEL Table with columns: Existing Well/Predeepening, Completed Well, Date, SWL (psi), SWL (ft)

WATER BEARING ZONES RECEIVED BY OWRD Table with columns: SWL Date, From, To, Est Flow, SWL (psi), SWL (ft)

(11) WELL LOG Ground Elevation
Material From To
Broken Basalt claystone porous MS 272 277
Blk Basalt, brown basalt 277 297
Tan clay seams (VH)
Red, Brn, Blk broken basalt 297 333
Tan claystone
Blk, Brn basalt (VH) 333 336
Tan claystone Basalt seam 336 340
Black Basalt (H) 340 354
Broken Basalt Tan Claystone 354 362
porous (S) H2O
Fractured basalt (MS) 362 365
Broken basalt, red brown, Tan 365 390
Claystone porous H2O decomposed Basalt
V 57 500 Gpm
Tan claystone, brn, blk 390 405
Broken basalt, CMS

(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. RECEIVED BY OWRD

License Number Date DEC 13 2013
Signed SALEM, OR

(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.
License Number 1942 Date 10-1-13
Signed Contact Info. (optional)

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STATE OF OREGON original

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 111925

START CARD # 200578

30P3

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

(1) LAND OWNER Owner Well I.D. well #2
First Name Last Name
Company City of Walla Walla
Address 10416 pine Rd Box 487
City Walla Walla State OR Zip 97885

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

(3) DRILL METHOD
[X] Rotary Air [X] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE
[] Domestic [] Irrigation [] Community
[] Industrial/Commercial [] Livestock [] Dewatering [] Injection
[] Thermal [X] Other municipal supply

(5) BORE HOLE CONSTRUCTION Special Standard: [] Yes (attach copy)
Depth of Completed Well 870 ft.

Table with columns: BORE HOLE (Dia, From, To), SEAL (Material, From, To, Amount), Scks/lbs

How was seal placed: Method [] A [X] B [] C [] D [] E
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [] Yes Type Amount

(6) CASING/LINER
Table with columns: Casing, Liner, Dia, Gauge, Steel, Plastic, Welded, Thrd

Shoe [] Inside [] Outside [] Other Location of shoe(s)
Temporary casing [] Yes Diameter From To

(7) PERFORATIONS/SCREENS
Perforations Method torch
Screens Type 504 Material Stainless

Table with columns: Perf, Scm, Casing, Liner, Screen (From, To), Screen/slot width, Slot length, # of slots, Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[X] Pump [] Bailer [] Air [] Flowing Artesian
Yield gal/min 1200 Drawdown 19.3 Drill stem/Pump depth 280 Duration (hr) 24

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)
County Walla Walla Twp 1 N or S Range 42 E or W W.M.
Sec 14 NE 1/4 of the NW 1/4 Tax Lot NW-42-14-8A
Tax Map Number Lot 3200+3800
Lat or DMS or DD
Long or DMS or DD
Street Address of Well (or nearest address) Third & Douglas

(10) STATIC WATER LEVEL
Table with columns: Date, SWL(psi), SWL(ft)
Existing Well/Predeepening
Completed Well 9/9-13 10/1-9
Flowing Artesian? [] Yes Dry Hole? [] Yes

WATER BEARING ZONES RECEIVED BY OWRD
Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft)
OCT 07 2013
SALEM, OR

(11) WELL LOG
Ground Elevation
Table with columns: Material, From, To
Broken, Blk, Brn Basalt 405 422
(MS) H2O
Brn Plk fractured Basalt (MH) 422 450
Blk Fracture Basalt 450 485
decomposed Red Blk 485 525
Basalt layers Blk fractured Basalt
Red decomposed Basalt (VS) 525 540
heavy
Blk Basalt with frac seams 560 605
Blk Basalt (H) 605 618
Tan clay stone porous Basalt (S) 618 622
Blk Basalt some fractured (MH) 622 653
Blk fracture Basalt (H) 653 685
Gray Basalt (MH) 685 705
Red decomposed Basalt (VS) 705 711
Fractured Gray Basalt (MH) 711 716
Date Started 5-16-13 Completed 9-12-13

(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.
DEC 13 2013
License Number Date
Signed SALEM, OR

(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.
License Number 1942 Date 10-1-13
Signed Trent Harmon
Contact Info. (optional)

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STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 111925

START CARD # 200578

4075

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

(1) LAND OWNER Owner Well I.D. Well #2
First Name _____ Last Name _____
Company City of Walla Walla
Address 164 W Pine P.O. Box 487
City Walla Walla State OR Zip 97885

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

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

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other Municipal Supply

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
Depth of Completed Well 870 ft.

| BORE HOLE | | | SEAL | | | | Amount | Scks/lbs |
|-----------|------|----|----------|------|----|--|--------|----------|
| Dia | From | To | Material | From | To | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

| Csng | Linr | Dia | + | From | To | Gauge | Steel | Plastic | Welded | Thrd |
|------|------|-----|---|------|----|-------|-------|---------|--------|------|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

| Perf | Scrn | Csng | Linr | Screen Dia | From | To | Screen/slot width | Slot length | # of slots | Tele/pipe size |
|------|------|------|------|------------|-------|-------|-------------------|-------------|------------|----------------|
| X | | X | | 11" | 809.5 | 809.5 | | 6" | 60 | |
| | X | | | 12" | 809.5 | 820.5 | 150 | | | |
| X | | X | | 12" | 820.5 | 840 | | 6" | 120 | |
| X | | X | | 12" | 840 | 860 | | 6" | 120 | |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 1200 Drawdown 19.3 Drill stem/Pump depth 280 Duration (hr) 24

Temperature 57 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County Walla Walla Twp 1 N or S Range 42 E or W. W.M.
Sec 14 NE 1/4 of the NW 1/4 Tax Lot 1N-42-14-BA
Tax Map Number _____ Lot 3200 & 3300
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) Third & Douglas

(10) STATIC WATER LEVEL

| | Date | SWL (psi) | + | SWL (ft) |
|----------------------------|-------------|-----------|---|--------------|
| Existing Well/Predeepening | | | | |
| Completed Well | <u>9-13</u> | | | <u>101.9</u> |

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

| SWL Date | From | To | Est Flow | SWL (psi) | + | SWL (ft) |
|----------|------|----|----------|-----------|---|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

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(11) WELL LOG Ground Elevation _____

| Material | From | To |
|--------------------------------|------|-----|
| Fractured Gray Basalt (MH) | 716 | 727 |
| Fractured Blk Basalt (H) | 727 | 741 |
| Blk Brn Basalt (H) | 741 | 755 |
| Tan Clay Stone weathered | 755 | 761 |
| Basalt Brn, Red, Blk (MS) | | |
| Blk Hard Basalt, Tan Claystone | 761 | 779 |
| Seams (MH) | | |
| Black Basalt (H) | 779 | 783 |
| Red, Brn, weathered porous | 783 | 790 |
| Basalt (MH) | | |
| Fractured Blk, Brn Basalt | 790 | 800 |
| Clay seams (MH) | | |
| Tan Claystone Broken Red, Brn | 800 | 812 |
| Basalt green clay seams porous | | |
| Same as 800 to 812 (H2O) | 812 | 821 |
| Broken Red Basalt (MS) | 821 | 832 |

Date Started 5-16-13 Completed 9-12-13

(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.
License Number _____ Date DEC 13 2013
Signed _____ SALEM, OR

(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.
License Number 19412 Date 10-1-13
Signed Forest Hoover
Contact Info. (optional) _____

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 111925
START CARD # 200579
5045

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

(1) LAND OWNER Owner Well I.D. Well # 2
First Name _____ Last Name _____
Company City of Walla Walla
Address 1044 Pine P.O. Box 487
City Walla Walla State OR Zip 97885

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

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

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other municipal supply

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
Depth of Completed Well 870 ft.

| BORE HOLE | | | SEAL | | | | Amount | Scks/bs |
|-----------|------|----|----------|------|----|--|--------|---------|
| Dia | From | To | Material | From | To | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

CASING/LINER

| Csg | Lnr | Dia | + | From | To | Gauge | Steel | Plastic | Welded | Thrd |
|-------------------------------------|-------------------------------------|-----|---|------|-----|-------|-------------------------------------|---------|-------------------------------------|------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 12" | | 860 | 870 | 375 | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

| Perf | Scrn | Csg | Lnr | Screen Dia | From | To | Screen/slot width | Slot length | # of slots | Tele/pipe size |
|-------------------------------------|------|-----|-----|------------|------|----|-------------------|-------------|------------|----------------|
| <input checked="" type="checkbox"/> | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 1200 Drawdown 19.3 Drill stem/Pump depth 280 Duration (hr) 24

Temperature 51 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County Walla Walla Twp 1 N or S Range 42 E or W W.M.
Sec 14 NE 1/4 of the NW 1/4 Tax Lot 1N-42-14NW
Tax Map Number _____ Lot 3700 + 3800
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) Third & Douglas

(10) STATIC WATER LEVEL
Date _____ SWL (psi) _____ + SWL (ft) _____
Existing Well/Predeepening _____
Completed Well 9-9-13 1019
Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

| SWL Date | From | To | Est Flow | SWL (psi) | + SWL (ft) |
|----------|------|----|----------|-----------|------------|
| | | | | | |
| | | | | | |
| | | | | | |

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(11) WELL LOG Ground Elevation _____
Material From To
Broken Basalt white clay 832 845
seams porous (V3)
BLK Basalt (H) 845 852
BLK Fractured Red 852 862
porous (H)
BLK Basalt (V Hard) 862 872
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DEC 13 2013
SALEM, OR
Date Started 5-16-13 Completed 9-12-13

(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.
License 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.
License Number 1942 Date 10-1-13
Signed Forest Hopper
Contact Info. (optional) _____