

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

WALL 51231

WELL I.D. LABEL# L

116901

START CARD #

1024339

10/7/2014

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name Last Name
Company WALLOWA MEMORIAL HOSPITAL
Address 601 MEDICAL PARKWAY
City ENTERPRISE State OR Zip 97828

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (complete 2a & 10) [ ] Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrld
Material From To Amt sacks/lbs
Seal:

(3) DRILL METHOD

[ ] Rotary Air [X] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[ ] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering
[X] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 100.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, sacks/lbs. Row 1: 20, 0, 91, Bentonite Chips, 0, 19, 35, S.

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E

[X] Other POURED BENTONITE

Backfill placed from ft. to ft. Material

Filter pack from 19 ft. to 84 ft. Material PEA GRAV Size 3/8

Explosives used: [ ] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, +, From, To, Gauge, Stl, Plstc, Wld, Thrld. Row 1: [X], [ ], 12, [X], 2, 78, .25, [ ], [ ], [ ], [X].

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)

Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method Machine Slotted

Screens Type Material

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

(8) WELL TESTS: Minimum testing time is 1 hour

[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 300, , 75, 2.

Temperature 52 °F Lab analysis [ ] Yes By

Water quality concerns? [ ] Yes (describe below) TDS amount

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

(9) LOCATION OF WELL (legal description)

County WALLOWA Twp 1.00 S N/S Range 44.00 E E/W WM
Sec 35 NE 1/4 of the SW 1/4 Tax Lot 100
Tax Map Number Lot
Lat " or " DMS or DD
Long " or " DMS or DD
[ ] Street address of well [X] Nearest address

601 MEDICAL PARKWAY
ENTERPRISE, OR 97828

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Pre-Alteration, Date, SWL(psi), +, SWL(ft). Row 1: Completed Well, 10/1/2014, , 5.5.

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES

Depth water was first found 5.50

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), +, SWL(ft). Row 1: 9/15/2014, 5.5, 100, 300, 5.5.

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Rows: Filled and Packed Gravel (0-8), Course Sand and Fine Gravel (8-36), Course Sand and Large River Rock (36-65), Course Sand (65-68), Medium and Fine Sand (68-100).

Date Started 9/15/2014 Complete 10/1/2014

(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 1881 Date 10/7/2014

Signed GARRY L ZOLLMAN (E-filed)

Contact Info (optional) Garry Zollman

