

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

**WALL WALL 655**  
**655**

OCT 12 1992

2N/4E/29cb  
 41992 (Pg. 1)

WATER RESOURCES DEPARTMENT (START CARD) #

(1) OWNER: Well Number \_\_\_\_\_  
 Name U.S. Dept. of Energy, Bonneville Power  
 Address P.O. Box 3621  
 City Portland State OR Zip 97208

(2) TYPE OF WORK:  
 New Well  Deepen  Recondition  Abandon

(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  
 Other \_\_\_\_\_

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other Exploratory

(5) BORE HOLE CONSTRUCTION:  
 Special Construction approval  Yes  No Depth of Completed Well 705 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	141	Cement	0	141	69 sacks
8"	141	705				

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	SEAL		WELDED	
					Steel	Plastic	Welded	Threaded
	8"	+1	141	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
800+		705	1 hr.

Temperature of Water 72° Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  Yes By whom \_\_\_\_\_  
 Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
 Depth of strata: \_\_\_\_\_

WALLEN, OREGON  
 (9) LOCATION OF WELL by legal description:  
 County Wallowa Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 2N N or S. Range 41E E or W. WM. \_\_\_\_\_  
 Section 29 NW 1/4 SW 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) Minam, OR

(10) STATIC WATER LEVEL:  
29 ft. below land surface. Date 8-19-92  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 249

From	To	Estimated Flow Rate	SWL
249	256	60	29
287	329	150	29
525	542	300	29
611	653	300	29

(12) WELL LOG:  
 Ground elevation \_\_\_\_\_

Material	From	To	SWL
Brown clay	0	1	
Gravel	1	29	
Gravel & brown clay	29	40	
Brown basalt	40	67	
Gray basalt	67	78	
Red & brown basalt	78	82	
Red & green basalt	82	84	
Brown basalt	84	97	
Black basalt	97	116	
Black & brown basalt with green soapstone	116	131	
Gray basalt	131	157	
Red & brown basalt	157	164	
Gray basalt	164	191	
Brown basalt with yellow soapstone	191	196	
Gray basalt	196	249	
Red basalt	249	256	WB
Brown basalt	256	270	
Gray basalt	270	287	

(Cont. Pg. 2)

Date started 8-10-92 Completed 8-19-92

(unbonded) Water Well Constructor Certification:  
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.  
 Signed \_\_\_\_\_ WWC Number \_\_\_\_\_  
 Date \_\_\_\_\_

(bonded) Water Well Constructor Certification:  
 I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.  
 Signed Petrick Wallace WWC Number 1218  
 Date 9-1-92

2N/41E/29cb  
41992 (Pg. 2)

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

WALL  
655

(START CARD) #

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Address P.O. Box 3621  
City Portland State OR Zip 97208

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HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing:				<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"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input 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
			1 hr.

Temperature of Water \_\_\_\_\_ Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County Wallowa Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 2N N or S. Range 41E E or W. WM.  
Section 29 NW 1/4 SW 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Minam, OR

(10) STATIC WATER LEVEL:  
29 ft. below land surface. Date 8-19-92  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 249

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: WATER RESOURCES DEPT.  
Ground elevation \_\_\_\_\_ SALEM, OREGON

Material	From	To	SWL
Red & brown basalt with green & yellow soapstone	287	329	WB
Black basalt	329	333	
Red basalt	333	340	
Gray basalt	340	412	
Red & brown basalt	412	448	
Brown basalt	448	456	
Gray basalt	456	525	
Red basalt with yellow soapstone	525	542	WB
Brown basalt with yellow soapstone	542	586	
Gray basalt	586	611	
Red & brown basalt	611	653	WB
Gray basalt	653	677	
Gray basalt with green soapstone	677	705	

Date started 8-10-92 Completed 8-19-92

(unbonded) Water Well Constructor Certification:  
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.  
Signed \_\_\_\_\_ WWC Number \_\_\_\_\_  
Date \_\_\_\_\_

(bonded) Water Well Constructor Certification:  
I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.  
Signed Patrick Walker WWC Number 1218  
Date 9-1-92



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

Do not complete if the well already has a Well I.D Number.

I. OWNER INFORMATION

Current Owner Name (please print): Oregon Parks & Recreation Dept.
Mailing Address: 725 Summer St. NE Suite C
City, State, Zip: Salem, OR 97301
Mailing Address (to send Well I.D.): 72214 Marina Lane
City, State, Zip: Joseph, OR 97846

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: (North/South) Range: (East/West) Section:
Tax Lot: County 1/4 1/4
Street Address of Well, City:
Owner at time the well was constructed, (if known):
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring):
Date Well Constructed: Total Well Depth: Casing Diameter:
Other Information:

SUBMITTED BY (please print): Cynthia A. Hutton, Program Coordinator
PHONE: (541) 523-2499 FAX: (541) 523-2884
Or: contact Jim Hutton NE District Manager (541) 983-2277 ext. 24

Send application to Oregon Water Resources Department; 725 Summer Street NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Tuesday.

For Official Use Only by the Oregon Water Resources Department:
Received Date: Well Log Number: Well Identification #:
WALL 655 95239

RECEIVED