

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

WALL
663

RECEIVED
WALL 663
APR 22 1992

25/44E/36C
36285

(START CARD) # 36285

(1) OWNER: Well Number: _____
Name Wallowa County
Address 101 South River St, Room 202
City Enterprise State OR Zip 97828

(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 _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 620 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
15"	0	37	Cement	0	37	56 Sacks
10"	37	620				

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 10" From 11 To 37 Gauge .250
Liner: _____
Final location of shoe(s) 37

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
10"	11	37	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(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
 Pump Bailer Air Flowing Artesian
Yield gal/min 300+ Drawdown _____ Drill stem at 620 Time 1 hr.

Temperature of water 52° Depth Artesian Flow Found 506
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 2S N or S, Range 44E E or W, WM.
Section 3 SW $\frac{1}{4}$ NW $\frac{1}{4}$
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 2mi. west of Enterprise, OR

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date 3-17-92
Artesian pressure 17 lb. per square inch. Date 3-17-92

(11) WATER BEARING ZONES:
Depth at which water was first found 506

From	To	Estimated Flow Rate	SWL
506	542	20	0
564	618	300	0

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Brown clay with large cobbles	0	8	
Granite gravel with cobbles & boulders	8	32	
Gray basalt	32	112	
Red basalt	112	133	
Brown basalt	133	147	
Gray basalt	147	272	
Red basalt	272	304	
Brown basalt	304	386	
Red basalt	386	404	
Brown basalt	404	439	
Gray basalt	439	506	
Red & brown basalt	506	542	WB
Gray basalt	542	564	
Red & brown basalt with yellow soapstone	564	618	WB
Gray basalt	618	620	

Date started 3-10-92 Completed 3-17-92

(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 Wallace WWC Number 1218 Date 3-31-92

WALL 663

For Official Use Only by The Oregon Water Resources Department:

Received Date: _____

County Well Log ID #

Well Identification Tag #

WALL 663

L 95123

APPLICATION FOR WELL IDENTIFICATION TAG

LANDOWNER INFORMATION

Name: WALLAWA COUNTY PUBLIC WORKS

Mailing Address: 619 MARR POND LANE

City: ENTERPRISE State: OREGON Zip: 97828

Return Well Tag to (if different than mailing address): _____

WELL LOCATION INFORMATION

County: WALLAWA Township: 25 North or South (circle one) Range: 44 E East or West (circle one),

Section: 3 SW 1/4 NW 1/4 Tax Lot #: 200

N 45.42051 W-117.31152

Street Address of Well (if different than mailing address): 2 MILES WEST OF ENTERPRISE
ON HOMAN LANE

WELL INFORMATION (Do Not Complete If Well Report is Attached)

Type of Well (i.e. domestic, irrigation, etc): _____ Date Well Constructed: _____

Well Constructor/Company: _____

Well Depth (in feet): _____ Diameter of Well Casing (in inches): _____

Landowner Who Had Well Constructed or Previous Owner at the Time Well was Constructed (if known): _____

RECEIVED

JAN 04 2010

**WATER RESOURCES DEPT
SALEM, OREGON**

Other Information: TAG ATTACHED BY BOB MAYNARD (E. Well Inspector) ctt

Return to: Oregon Water Resources Department, Janet Halladey, 725 Summer St. NE, Suite A, Salem, OR 97301-1271, (503) 986-0854 or fax to 503-986-0902

App for tag