

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

WASCO
 2213

JUN 30 1995

2N/13E/19cd

WATER RESOURCES DEPT. (START CARD) # W-48033

(1) OWNER: Well Number: SALEM, OREGON
 Name Stan & Jeanette Peickert
 Address 114 W. 8th St.
 City The Dalles State OR Zip 97058

(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 426 ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
10"	0	18	Bentonite	0	18	46 sacks
8"	18	39	cement	18	39	4 sacks
6"	39	425				

How was seal placed: Method A B C D E
 Other poured in oversize hole around 6"
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	#1	40	.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 shoets) 39 ft

(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"/>
						<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 20 GPM Drawdown _____ Drill stem at 405 Time 1 hr.

Temperature of water 60° 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: 29 ft.

(9) LOCATION OF WELL by legal description:
 County Wasco Latitude _____ Longitude _____
 Township 2 N N or S. Range 13 E E or W. WM.
 Section 19 SE ¼ SW ¼
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 4726 Seven Mile Hill Road, The Dalles OR

(10) STATIC WATER LEVEL:
284 ft. below land surface. Date 6-6-95
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 29 ft

From	To	Estimated Flow Rate	SWL
29	30	5	25
380	395	20 GPM	284

(12) WELL LOG: Ground elevation approx 450 ft

Material	From	To	SWL
soil with rocks	0	2	
Rock, broken	2	5	
Boulders loose	5	12	
Rock, gray broken	12	29	25
Rock, gray	29	46	
Rock, black	46	90	
Rock, gray/green seams	90	190	
Rock, greenish gray	190	240	
Rock/green clay seams	240	325	
Rock, brown decomposed	325	330	
Rock, black hard	330	374	
Rock gray/gray flakes hard	374	380	
Rock, gray porous	380	395	284
Rock, gray medium hard	395	425	284

Date started May 13, 1995 Completed June 6, 1995

(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 Robert Clayton WWC Number 569
 Date 6-28-95