

(1) OWNER: _____ Well Number: _____
 Name Wilbur J. Petersen
 Address 1527 E. 18th 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 _____

(F) BORE HOLE CONSTRUCTION:

Construction approval Yes ☐ No ☒ Depth of Completed Well 310 ft.
 Explosives used Yes ☐ No ☒ Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	341	376				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Well sealed in 1977

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: _____					<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"/>
_____					<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"/>
_____					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

PERFORATIONS/SCREENS:

☐ Perforations Method _____

☐ Screens Type _____ Material _____

[illegible]

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

☐ Pump ☐ Bailer ☐ Air ☒ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
229	free-flow		1 hr.

Temperature of water 56° 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 Wasco Latitude _____ Longitude _____
Township 1 S N or S, Range 13 E. E or W, WM.
Section 25 NE SE $\frac{1}{4}$
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

Street Address of Well (or nearest address) Downstream 1/3 mile from Dufur Elevator

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____
Artesian pressure 80 lb. per square inch. Date 1-20-89

(11) WATER BEARING ZONES:

Depth at which water was first found

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation 1,750

[illegible]

Date started Nov. 14, 1988 Completed Dec 28, 1988

(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.

belief. WWC Number 569
Signed B. H. Hunt Date 1-20-89