

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

Gribble Well Drilling

SEP 26 1989 (START CARD) # 6885

10796 **RECEIVED**

36S/4W/15

(1) OWNER: Well Number: _____
 Name City of Rogue River
 Address P.O. Box Q
 City Rogue River State Ore. Zip 97537

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
15"	0	43	Cement	0	43	35 sacks
10"	43	500				

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				
				Steel	Plastic	Welded	Threaded
Casing: 10"	+2	83	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) 83'

(7) PERFORATIONS/SCREENS:

Perforations Method NA
 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	Drawdown	Drill stem at	Time
90		500	1 hr.

Temperature of water 53 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 JACKSON Latitude _____ Longitude _____
 Township 36S Nor or S, Range 4W E or W, WM.
 Section 15 1/4 1/4
 Tax Lot 600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Public Works
 Shop Yard. at S.E. Corner

(10) STATIC WATER LEVEL:
 50 ft. below land surface. Date 9/20/89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 95'

From	To	Estimated Flow Rate	SWL
95	100	15	50
275	280	25	50
291	296	40	50
348	354	10	50

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Gravel Med	0	32	
Claystone Brown-Hard	32	78	
Basalt Gray	78	500	50

Date started 8/30/89 Completed 9/20/89

(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 *[Signature]* WWC Number 1486 Date 9/21/89

(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 *[Signature]* WWC Number 105 Date 9/21/89