

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

RECEIVED

JACK
 11071

365/4W-2266

OCT - 2 1986

(1) OWNER:

Name City of Rogue River Owner's Well Number _____
 Address P.O. Box 0
 City Rogue River State Ore. Zip 97537

WATER RESOURCES DEPT.
SALEM, OREGON

(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:

Depth of Completed Well 300 ft.

Special Standards date of approval _____

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
12 1/2"	0	40	Cement	0	40	31 sacks
8"	40	300				

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: 8"	0	200	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Location of shoe(s) 200'

(7) PERFORATIONS/SCREENS:

Perforations Method Holte Perforator
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
55'	198'	1 1/4"	2100	1/8"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Pumping level	Drill stem at	Time 1/2 hr
250+		300'	2hrs

Temperature of water 54 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 N or S, Range 4W E or W, WM.
 Section 22 NW 1/4 NW 1/4
 Tax Lot 1300 Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

28' ft. below land surface. Date 9/16/86
 Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG:

Ground elevation _____

Material	From	To	WB?	SWL
Clay Brown	0	14		
Conglomerate Gray	14	48		
Clay & Fractured Rock				
Brown	48	78	X	28'
Gravel Med Brown	78	99	X	28'
Gravel & Fractured	99	194	X	28'
Rock Med. Gray				
Basalt Gray	194	300	253	28'

Date started 9/2/86 Completed 9/16/86

(unbonded) Water Well Constructor Certification:

I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed G. J. Milledyk Date 9/17/86

Company Gribble Well Drilling Co. Job No. _____