

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

RECEIVED

AUG 20 1986

JACK
13468

37S/2W-28
deep.

(1) OWNER:
 Name Bob Gemaeulich
 Address 990 Major Lane
 City Jacksonville State Ore Zip 97526

WATER RESOURCES DEPT
 Owner's Well Number
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 400 ft.
 Special Standards date of approval _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
"	0	70				
		400				

How was seal placed? Method A B C D E
 Other NA
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Seal			
					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"/>
				NA	<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) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
				NA		<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	Pumping level	Drill stem at	Time 1/2 hr
9		400	1 hr

Temperature of water 55 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 37S N or S, Range 2W E or W, WM.
 Section 28 1/4 1/4
 Tax Lot 4600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same as # 1

(10) STATIC WATER LEVEL:
30 ft. below land surface. Date 7/30/86
 Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG: Ground elevation _____

Material	From	To	WB?	SWL
Claystone Gray	70	169		
Basalt Gray	169	178	176	30
" Black	178	199		
" Gray	199	273		
" Black	273	298	295	30
" Gray	298	326		
" Black	326	334		
" Gray	334	371		
Granite Gray	371	400		

Date started 7/30/86 Completed 7/30/86

(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 Luigi M. Gribble Date 8/1/86
 Company Gribble Well Drilling Co. Job No. _____