

RECEIVED

Jack 18560

40s/3W-8cd  
Deep.

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

SEP - 3 1986

WATER RESOURCES DEPT  
SALEM, OREGON

(1) OWNER: Owner's Well Number: \_\_\_\_\_  
Name Leroy & Retta Knott  
Address 1423 Upper Applegate Rd.  
City Jacksonville State Oregon Zip 97530

(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 340 ft.  
Special Standards date of approval \_\_\_\_\_

HOLE Diameter	From	To	SEAL		Amount
			Material	To	
100	340				NA

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
6"	0	340	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4"	0	340	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method ~~Hydrator~~ Hydrator  
 Screens Type ~~NA~~ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
100	340	8"	180	1/8"	4"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 23 Pumping level \_\_\_\_\_ Drill stem at 340 Time 1/2 hr  
1 hr

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 40S N or S, Range 3W E or W, WM.  
Section 8 SE 1/4 SW 1/4  
Tax Lot 1700 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) same as one

(10) STATIC WATER LEVEL:  
45 ft. below land surface. Date 8-21-86  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	WB?	SWL
basalt gray	100	340	220	45

Date started 8-20-86 Completed 8-21-86

(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 8-22-86

(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 Sig. Milbrink Date 8-22-86  
Company Gribble Well Drilling Co. Job No. \_\_\_\_\_