

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

*JACK*  
*30259*

*36S/2W/266E*  
 JCWP #276-90W

Gribble Well Drilling

(START CARD) # 15182

**(1) OWNER:** Well Number: \_\_\_\_\_  
 Name Table Rock Mobile Estates  
 Address 6850 Downing Rd.  
 City Central Point State Ore. Zip 97502

**(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 60 ft.  
 Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	40	Cement	0	40	19 sacks
6"	40	60				

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
				Steel	Plastic	Welded	Threaded		
Casing: 6"	+2	58	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 58'

**(7) PERFORATIONS/SCREENS:**

Perforations Method Holte Perforator  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
42	55	1"	440	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	Drawdown	Drill stem at	Time
50		60'	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 36S Nor S, Range 2W E or W, WM.  
 Section 26A SW  $\frac{1}{4}$  NW  $\frac{1}{4}$   
 Tax Lot 136 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) Same

**(10) STATIC WATER LEVEL:**  
 \_\_\_\_\_ ft. below land surface. Date 7/10/90  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found 42'

From	To	Estimated Flow Rate	SWL
42	52	50	12

**(12) WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SWL
Gravel & Soil Brown	0	8	
Clay & Gravel Brown	8	14	
Cemented Gravel Brown	14	41	
Gravel Med	41	55	12
Claystone Brown	55	60	

AUG 9 1990  
 WATER RESOURCES DEPARTMENT  
 PORTLAND, OREGON

Date started 7/10/90 Completed 7/10/90

**(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 7/25/90

**(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 705  
 Date 7/25/90