

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

JACK /
 31782

RECEIVED 375/2w/28cd
 JCWP#290-92W

JUL 13 1992

Gribble Well Drilling WATER RESOURCES DEPT. (START CARD) # 41814

(1) **OWNER:** Well Number 1
 Name 1 Paul Matheny
 Address P.O. Box 1256
 City Jacksonville State Ore. 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:**
 Special Construction approval Yes No Depth of Completed Well 160 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	20	Bent	0	20	350 lbs
6"	20	160				

How was seal placed: Method A B C D E
 Other Poured Dry
 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: 6" XX	#1	39	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) 39'
 (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"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
10		160	1 hr.

Temperature of Water 56 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 ORIGIN by legal description:**
 County Jackson Latitude _____ Longitude _____
 Township 37S N or S. Range 2W E or W. WM. _____
 Section 28 SE 1/4 SW 1/4
 Tax Lot 4400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 1103 Huener Ln.
Jacksonville, Ore. 97530

(10) **STATIC WATER LEVEL:**
32 ft. below land surface. Date 6/24/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 130

From	To	Estimated Flow Rate	SWL
130	132	10	32

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
Soil Brown	0	5	
Clay Brown	5	27	
Sandstone Gray	27	70	
Claystone Gray	70	76	
Sandstone Gray	76	160	32

Date started 6/24/92 Completed 6/24/92

(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 1496
 Date 6-26-92

(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 205
 Date 6-26-92