

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

AUG 10 1992

WATER RESOURCES DEPT.
 Gribble Well Drilling SALEM, OREGON

JACK
31838

378/1W/3260

(START CARD) # 41411

(1) OWNER: Well Number 2-3400
 Name Rogue Valley Manor
 Address 1200 Mira Mar Ave.
 City Medford State Ore. Zip 97504

(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 400 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE Diameter		SEAL From		Material	SEAL To		Amount
From	To	From	To		From	To	sacks or pounds
14"	0	25		Bentonite	0	25	900 lbs
8"	25	400					

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: 8"	+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"/>
						<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	Drawdown	Drill stem at	Time
100+		400'	1 hr.
100+		400'	6 hr.

Temperature of Water 53 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 ~~XXX~~37S or S. Range 1W E or W. WM.
 Section 32A NE 1/4 NW 1/4
 Tax Lot 3400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
37 ft. below land surface. Date 8/3/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 97'

From	To	Estimated Flow Rate	SWL
97	100	10	37
136	140	20	37
253	259	40	37
347	355	30+	37

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Soil Brown	0	7	
Gravel + Clay	7	12	
Conglomerate Gray	12	400	37

Date started 7/31/92 Completed 8/3/92

(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.
 WWC Number _____
 Signed _____ Date _____

(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.
 WWC Number 205
 Signed Jim McKeown Date 8-3-92