

4

Jack  
32521

34S/1W/10bc  
SCWP#93-12

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

Gribble Well Drilling Inc.

(START CARD) # 51090

(1) OWNER: Well Number 1  
Name Roger Rothmuller  
Address 96 Calypos Shores Dr.  
City Novato State Ca Zip 949449

(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 350 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	25	Bent	0	25	450 lbs
6"	25	350				

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"	+1	34	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	350	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 34'

(7) PERFORATIONS/SCREENS:  
 Perforations Method Saw  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
230	250	6"	30	1/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>
290	310	"	"	"		<input type="checkbox"/>	<input checked="" type="checkbox"/>
330	350	6"	30	1/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 4 Drawdown \_\_\_\_\_ Drill stem at 350 Time 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 OF WELL by legal description:  
County Jackson Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 34S N. or S. Range 1W E. or W. WM. \_\_\_\_\_  
Section 10C SW  $\frac{1}{4}$  NW  $\frac{1}{4}$  \_\_\_\_\_  
Tax Lot 2001 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 22627 Hwy 62  
Shady Cove, Ore. 97539

(10) STATIC WATER LEVEL:  
57 ft. below land surface. Date 7/12/93  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 240'

From	To	Estimated Flow Rate	SWL
240	250	1 $\frac{1}{2}$	57
300	305	2 $\frac{1}{2}$	57

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

Material	From	To	SWL
Sand & Gravel	0	19	
Claystone Gray	19	254	57
Claystone Brown	254	292	
Claystone Gray	292	350	57

RECEIVED  
AUG - 9 1993  
WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 7/12/93 Completed 7/12/93

(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 \_\_\_\_\_ WWC Number \_\_\_\_\_  
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.  
Signed [Signature] WWC Number 1486  
Date 7-15-93