

14

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

Jack
32962

RECEIVED

JAN - 3 1994

315/3E/32aa
JCWP#472-93W

WATER RESOURCES DEPT. (STATE CARD) # 59206
Gribble Well Drilling Inc SALEM, OREGON

(1) OWNER: Well Number 2
Name Union Rogue Baptist Camp
Address 4028 Camillia St.
City Springfield State Ore Zip 97478

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	23	Bent	0	23	550 lbs
6"	23	340				

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	39	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	340		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 39'

(7) PERFORATIONS/SCREENS:

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
80	100	8"	30	1/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	260	"	"	"		<input type="checkbox"/>	<input checked="" type="checkbox"/>
300	340	8"	60	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	Drawdown	Drill stem at	Time
25		340	1 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 31S N or S. Range 3E E or W. WM. _____
Section 32 NE $\frac{1}{4}$ NE $\frac{1}{4}$ _____
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Off of River Br. Rd, Prospect, Ore. 97536

(10) STATIC WATER LEVEL:
46 ft. below land surface. Date 12/15/93
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 93

From	To	Estimated Flow Rate	SWL
93	95	6	46
244	250	6	46
308	312	13	46

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil Brown	0	4	
Shattered Lava Brown	4	10	
Lava Gray	10	28	
Frac-Lava Brown	28	32	
Claystone Brown	32	34	
Lava Gray	34	77	
Frac-Lava gray	77	85	
Lava Gray	85	107	46
Frac-Lava Gray	107	143	
Claystone Gray	143	206	
Lava Gray	206	340	46

Date started 12/14/93 Completed 12/15/93

(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 _____ WWC Number 1486
Date 12-19-93