

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

**JACK**  
**33166**

**RECEIVED**

*36s/lw/31aa*

APR 28 1994

Gribble Well Drilling, Inc.

(START CARD) # 58772

**(1) OWNER:**  
 Name Frank Surma  
 Address 929 N. Central 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 100 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL		Amount	
Diameter	From	To	Material	From	To	sacks or pounds
10"	0	26	Bent	0	26	450 lbs
6"	26	100				

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	100	160	<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
40	100	8"	108	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
37		100	1 hr.

Temperature of Water 56 Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  Yes  No 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 N or S. Range 1W E or W. WM. \_\_\_\_\_  
 Section 31 NE  $\frac{1}{4}$  NE  $\frac{1}{4}$  \_\_\_\_\_  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 5885 Hwy 62  
Central Point, Ore. 97502

**(10) STATIC WATER LEVEL:**  
5 ft. below land surface. Date 4/13/94  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found 47'

From	To	Estimated Flow Rate	SWL
47	55	10	5
60	64	15	5
79	84	12	5

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

Material	From	To	SWL
Shale Brown-Fill	0	3	
Claystone Brown	3	20	
Claystone Gray	20	100	5

Date started 4/13/94 Completed 4/13/94

**(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 4-13-94

**(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 4-13-94