

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

Jack
33272

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JUN - 2 1994

36S/3W/196d
JCWP#219-94W

Gribble Well Drilling Inc.

(START CARD) # 59233

(1) OWNER: Well Number 2 SALEM
Name Ron & Mary Gurkel
Address P.O. Box 726
City Gold Hill State Ore. Zip 97525

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

Diameter	HOLE		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
10"	0	30	Bent	0	30	900 lbs
6"	30	40				

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 39'

(7) PERFORATIONS/SCREENS:

Perforations Method Holte Air
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
30	39	1 1/2	350	1/8		<input checked="" 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
5		40	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 36S N or S. Range 3W E or W. WM. _____
Section 19A SE 1/4 NW 1/4
Tax Lot 2400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 205 R. River Hwy
Gold Hill, Ore. 97525

(10) STATIC WATER LEVEL:
27 ft. below land surface. Date 5/15/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
30	40	5	27

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Gravel & Clay Brn.	0	24	
Cemented Gravel Brn	24	40	27

Date started 5/15/94 Completed 5/15/94

(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 _____ WWC Number 1486
Date 5-17-94

(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 _____ WWC Number 905
Date 5-17-94