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JACK
33389

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36S/2W/26cb
JCWP#296-94W

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

Gribble Well Drilling Inc. JUL - 6 1994 (START CARD) # 59329

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number 2
Name Leo Troutman
Address 1004 Gibbon Rd.
City Central Point State Ore Zip 97502

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 63 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	24	Bent	0	24	450 lbs
6"	24	63				

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	62	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) 62'

(7) PERFORATIONS/SCREENS:

Perforations Method Holte
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40	60	1 1/2	350	1/8		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
50+		63'	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: _____

WATER RESOURCES DEPT.
(9) LOCATION OF WELL by legal description:
County JACKSON Latitude _____ Longitude _____
Township 36S N or S Range 2W E or W. WM. _____
Section 25 NW 1/4 SW 1/4 _____
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same as # 1

(10) STATIC WATER LEVEL:
19 ft. below land surface. Date 6/20/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 40'

From	To	Estimated Flow Rate	SWL
40	55	50+	19

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Soil + Boulders Brn	0	6	
Gravel Med	6	19	
Clay Brown	19	31	
Gravel Brown	31	63	19

Date started 6/20/94 Completed 6/20/94
(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Liz McRauk WWC Number 205 Date 7-1-94