

14

Jack JACK 33696

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35S/2W/13db
JCWP#455-94W

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

Gribble Well Drilling Inc.

SEP 29 1994

(START CARD) # 65609

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

(1) OWNER: Well Number 1
Name Robert M. Neatheay c/o John Ziegler
Address 500 Grand Ave
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 200 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	18	Bent	0	18	300 lbs
6"	18	200				

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	19	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	0	200	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 19'

(7) PERFORATIONS/SCREENS:

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
140	200	10"	120	1/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
50+		200	<input checked="" type="checkbox"/> Air <input type="checkbox"/> Artesian	1 hr.

Temperature of water 55 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 35S N or S Range 2W E or W. WM.
Section 13 NW 1/4 SE 1/4
Tax Lot 800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Beagle Rd. 1/4 mile N. of Dodge Rd. on West side.

(10) STATIC WATER LEVEL:
26 ft. below land surface. Date 9/16/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 110'

From	To	Estimated Flow Rate	SWL
110	112	10	26
154	156	10	26
173	175	30+	26

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Soil Brown	0	3	
Claystone Brown	3	12	
Claystone Gray	12	200	26

Date started 9/16/94 Completed 9/16/94

(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 Agg. M. Smith WWC Number 705 Date 9-19-94



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

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FEB 20 2014

SALEM, OR

Do not complete if the well already has a Well I.D Number.

I. OWNER INFORMATION

Current Owner Name (please print): Jon C. Ziegler
Mailing Address: 3197 Beagle Road
City, State, Zip: White City, OR 97505
Address to send Well I.D. Tag: 3197 Beagle Road
City, State, Zip: White City, OR 97505

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 35 South (North/South) Range: 2 West (East/West) Section: 13
Tax Lot: 800 County Jackson Southeast 1/4 Northeast 1/4
Street Address of Well, City: 3197 Beagle Road, White City, OR
Owner at time the well was constructed, (if known): Robert M. Neatheay c/o Jon Ziegler
If the property had a different street address in the past: No

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): domestic / irrigation
Date Well Constructed: 9/16/94 Total Well Depth: 200 Casing Diameter: 6"
Other Information:

SUBMITTED BY (please print): Harold L. Center, PLC, CWRE
PHONE: 541-535-6108 FAX: e-mail hcenterpls@charter.net

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

For Official Use Only by the Oregon Water Resources Department:
Received Date: 2-20-14 Well Log Number: JACK 33696 Well Identification #: L-114135