

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

JACK
53384

GRIBBLE WELL DRILLING INC.

(START CARD) # 118272

(1) OWNER: Well Number L-33984
 Name Nestled in Hills
 Address 6901 Old Stage Rd.
 City Central Point State Ore Zip 97502

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	45	Bent	0	45	2000 lbs
6"	45	80				

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:

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casing:	6"	+2	58	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) 58'

(7) PERFORATIONS/SCREENS:
 Perforations Method NA
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 30 Drawdown _____ Drill stem at 80' Time 1 hr.

Temperature of Water 54 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 N42'23,700 Longitude W123'00,672
 Township 36S N or S. Range 3W E or W. WM.
 Section 36-C SW $\frac{1}{4}$ SW $\frac{1}{4}$
 Tax Lot 1500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same as #1

(10) STATIC WATER LEVEL:
19 ft. below land surface. Date 7/6/99
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 72'

From	To	Estimated Flow Rate	SWL
72	75	30	19

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Soil Brown	0	4	
Gravel & Boulders Brn	4	28	
Conglomerate Brown	28	39	
Conglomerate Gray	39	80	19

Well was overreamed and old casing removed. Well was reamed out to 10" to 45' 60' of new casing installed and sealed with 2000 lbs bentonite. Well was the cleaned to bottom which was 80'

RECEIVED

JUL 29 1999

**WATER RESOURCES DEPT.
 SALEM, OREGON**

Date started 7/6/99 Completed 7/6/99

(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.

WWC Number _____
 Signed _____ 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.

WWC Number 705
 Signed [Signature] Date 7-20-99