

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

JACK
53836

GRIBBLE WELL DRILLING INC.

4-3400

(START CARD) # 127803

(1) OWNER: Well Number L-36964
 Name Rogue Valley Manor
 Address 1200 Mira Mar 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 400 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE Diameter	From To		Material	SEAL From To		Amount sacks or pounds
	From	To		From	To	
15"	0	45	Bent	0	45	1950 lbs
15"	45	98	Cement	45	98	22 sacks
10"	98	400				

Cement
 How was seal placed: Method A B C D E
 Other Bentonite 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	Material			
				Steel	Plastic	Welded	Threaded
Casing: 10"	+2	98	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) 98'

(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"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
35		500'	1 hr.

Temperature of Water 55 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any tests contain water not suitable for intended use? Too little

(9) LOCATION OF WELL by legal description:
 County Jackson Latitude N42°18'54" Longitude W122°50'62"
 Township 37S N or S. Range 1W E or W. WM.
 Section 32A NE 1/4 NW 1/4
 Tax Lot 3400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same as # 1

(10) STATIC WATER LEVEL:
62 ft. below land surface. Date 5/16/00
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 275'

From	To	Estimated Flw Rate	SWL
275	278	35	62

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil Brown	0	2	
Claystone Brown	2	19	
Conglomerate Gray	19	400	62

RECEIVED

JUN 09 2000

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 5/9/00 Completed 5/16/00

(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.
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