

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

JACK
 53837

GRIBBLE WELL DRILLING INC.

5-3400

(START CARD) # 127804

(1) **OWNER:** Well Number L-36965
 Name Rogue Valley Mabor
 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		SEAL		Amount	
Diameter	From	To	Material	From	To
15"	0	38	Bent	0	38
10"	38	400			

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: 10"	+2	38	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 38'

(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**

Yield gal/min	Drawdown	Drill stem at	Time
185		400	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

(9) **LOCATION OF WELL by legal description:**
 County Jackson Latitude N 42' 18, 741 Longitude W 122' 50, 626
 Township 37S N or S. Range 1W E or W. WM.
 Section 32A NE $\frac{1}{4}$ NW $\frac{1}{4}$
 Tax Lot 3400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) **STATIC WATER LEVEL:**
68 ft. below land surface. Date 5/23/00
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 183'

From	To	Estimated Flow Rate	SWL
183	186	30	68
214	218	30	68
274	280	50v	68
306	315	75	68

(12) **WELL LOG:**
 Ground elevation _____

Material	From	To	SWL
Soil Brown	0	5	
Clay Brown	5	9	
Claystone Brown	9	23	
Conglomerate Gray	23	400	68

RECEIVED

JUN 09 2000

WATER RESOURCES DEPT
 SALEM, OREGON

Date started 5/20/00 Completed 5/23/00

(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 based on the best of my knowledge and belief.