

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

GRIBBLE WELL DRILLING INC.

(START CARD) # 144039

(1) OWNER: Well Number L 11632
Name Tom Jarmer
Address 17350 Timothy Way
City Gladstone State Ore Zip 97027

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

HOLE Diameter		SEAL		Amount sacks or pounds
From	To	Material	From To	
6"	0	520	NA	
Seal was not disturbed				

How was seal placed: Method A B C D E
 Other

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	5"	0	70	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4"	70	520	233	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Final location of shoe(s) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
50	62	12"	36	1/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 25 Drawdown _____ Drill stem at 70' Time 1 hr.

Temperature of Water 57 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 N42,35'51.0" Longitude W122,49'12"
Township 34S N or S. Range 1W E or W. WM.
Section 28 NE ¼ NE ¼
Tax Lot NA Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 20 Brophy Way
Shady Cove, Ore. 97539

(10) STATIC WATER LEVEL:
15' ft. below land surface. Date 2/22/02
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 35'

From	To	Estimated Flow Rate	SWL
35	45	25	15'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Old PVC liner drilled out, and new steel liner installed.			
RECEIVED			
MAR 06 2002			
WATER RESOURCES DEPT. SALEM, OREGON			

Date started 2/22/02 Completed 2/22/02

(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.

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 well construction standards. This report is true to the best of my knowledge and belief.

Signed [Signature] WWC Number 265 Date 2-22-02