

JACK 55776

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

GRIBBLE WELL DRILLING INC.

Jack
55776
(START CARD) # 152814

(1) OWNER: Well Number L-60752
Name Mary Blandau
Address 4203 Beagle Rd
City White City State OR Zip 97503

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	20	bent	0	20	350lbs
6	0	300				

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"	0	19	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	0	300	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
180	200	10	30	1/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>
220	240	10	30	1/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>
260	280	10	30	1/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 50+ Drawdown _____ Drill stem at 300 Time 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 N42'32,015 Longitude W122'53,084
Township 35S N or S. Range 2W E or W. WM.
Section 13 NW 1/4 NW 1/4
Tax Lot 105 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
35' ft. below land surface. Date 10/18/02
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 64

From	To	Estimated Flow Rate	SWL
64	67	3	35'
87	89	2	35
105	109	5	35
118	120	4	35
242	245	50+	35'

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
brown soil	0	6	
brown claystone	6	13	
gray claystone	13	118	35'
gray claystone w/blk stk	118	132	35
gray claystone	132	300	35

RECEIVED
NOV 03 2003
WATER RESOURCES DEPT.
SALEM, OREGON

RECEIVED
NOV 14 2002
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 10/18/02 Completed 10/18/02

(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 Jack M. Gribble WWC Number 105
Date 11-2-02