

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

GRIBBLE WELL DRILLING INC.

(START CARD) # 195797

(1) OWNER: Well Number C95511

Name Ty Sullivan
Address 1910 Hwy 99
City Ashland State Or Zip 97520

(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 140 ft
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	24	Bentonite	0	24	900/lbs
6"	24	140				

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	6"	1+	39'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner	4"	0	140	.750	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 39'

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	140	5"	90	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	Drawdown	Drill stem at	Time
1		140	1 hr.

Temperature of Water 56 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 42.13.16 Longitude 122.44.11
Township 38 S N or S. Range 1-E E or W. WM.
Section 32 1/4 _____ 1/4 _____
Tax Lot 99 Lot 4100 Block _____ Subdivision _____
Street Address of Well (or nearest address) Same as l.

(10) STATIC WATER LEVEL:
30' ft. below land surface. Date 7/9/08
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 50'

From	To	Estimated Flow Rate	SWL
50	60	1	30

(12) WELL LOG: Ground elevation 1499

Material	From	To	SWL
Brown Clay	0	12	
Blue Claystone	12	30	
Blue gravel	30	37	
Blue Claystone	37	140	30

RECEIVED

SEP 12 2008

WATER RESOURCES DEPT
SALEM, OREGON

Date started 7/9/08 Completed 7/10/08

(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 Ronald Rands/Milkand WWC Number 1661
Date 9/13/08