

JACK 59113

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

JACK 59113

GRIBBLE WELL DRILLING INC.

(START CARD) # 195767

(1) OWNER: Well Number 92538
Name Jackson Co. Livestock Sys.
Address 22477 Hwy 62
City Shady Cove State Or Zip 97539

(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 sacks or pounds
Diameter	From To	Material	From To	
10"	0 43	Bentonite	0 43	11000
6"	43 400			

How was seal placed: Method A B C D E
 Other Bored down
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"	+1	45	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner	4"	0	400	250	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____
(7) PERFORATIONS/SCREENS:
 Perforations Method Saw cut
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
280	360	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 2 Drawdown _____ Drill stem at 400 Time 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 _____ Longitude _____
Township 34-S N or S. Range 1-W E or W. WM. _____
Sections 10 5 1/4 SW 1/4
Tax Lot 2000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 22477 Hwy 62
Shady Cove, Or 97539

(10) STATIC WATER LEVEL:
40 ft. below land surface. Date 12/1/07
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 200

From	To	Estimated Flow Rate	SWL
195	200	2	40

(12) WELL LOG: Ground elevation 1745

Material	From	To	SWL
Gravel (Brown)	0	35	
Claystone (Blue)	35	200	40
Claystone (red)	200	250	
Claystone (Black)	250	400	

RECEIVED

MAY 11 2009

WATER RESOURCES DEPT
SALEM, OREGON

Date started 11/28/07 Completed 12/1/07
(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.
WWC Number 1661
Signed Brad B. Willkondi Date 12/1/07