

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

JACK 873 RECEIVED

34s/lw/2lac
 15110

Gribble Well Drilling DEC 13 1989 (START CARD) #

(1) OWNER: Well Number: WA
 Name Phil Tallman
 Address 101 Edgewood Park Dr.
 City Shady Cove State Ore. 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 180 ft.
 Explosives used Yes No Type Amount

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	19	Bent	0	19	800 lbs
6"	19	180				

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				Welded		Threaded	
				Plastic	Welded	Threaded	Welded	Threaded	Welded	Threaded	
Casing: 6"	+1	19	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Liner: 4"	0	180	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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
120	180	6"	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
 30 180 1 hr.

Temperature of water 54 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:
 SAL County JACKSON Latitude _____ Longitude _____
 Township 34S N or S, Range 1W E or W, WM.
 Section 21 SW 1/4 NE 1/4
 Tax Lot 5001 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
 40 ft. below land surface. Date 11/28/89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 160'

From	To	Estimated Flow Rate	SWL
160	165	30	40

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Clay & Boulders Med Brn	0	16	
Claystone Red	16	34	
" Gray	34	144	
" Brown	144	165	40
" Gray	165	169	
Claystone Brown	169	180	

Date started 11/28/89 Completed 11/28/89

(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 Aaron Schulz WWC Number 1486
 Date 12/8/89

(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 S. J. Milbourn WWC Number 205
 Date 12/8/89

FOR WATER RESOURCES DEPARTMENT USE ONLY

Date Postmarked 11-28-89
Date Hand-delivered _____
Watermaster Initials _____

W- 15110
WRD Receipt 59975
Date Fee Received 11-29-89

START CARD
NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original mailed or delivered to the Water Resources Department, 3850 Portland Road NE, Salem, OR 97310, no later than the day construction, alteration, conversion or abandonment work begins. A **\$75 fee shall accompany all notices for new well construction or conversion of an existing hole not previously used as a water well** (make checks payable to the Water Resources Department). Notices meeting this requirement but received without the required fee will not be accepted as properly and timely filed. The Water Resources Commission has authority to impose civil penalties for failure to submit the required \$75 fee with the start card and for failure to submit cards prior to beginning any construction, alteration, conversion or abandonment work.

Owner's name and mailing address Phil Tallman
101 Edgewood BKK Dr.
Shady Cove Ore.

Check type of work: New construction Repair Recondition
 Deepening Conversion Abandonment

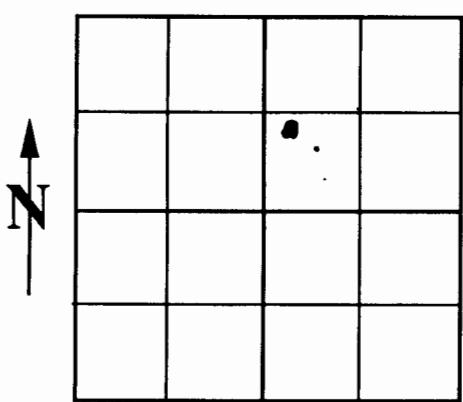
Proposed Commencement Date 11-28-89

Existing or Proposed Well Depth 200' Diameter 6"

Check Use: Domestic Community Industrial Irrigation Monitoring
 Thermal Injection Other _____

Proposed Well Location: County Jackson

Township 34 S. (N or S) Range 1 W (E or W) Section 21



- Southwest 1/4 of Northeast 1/4 of above section
- Street address of 101 Edgewood BKK Dr.
well location Shady Cove Ore
- Tax lot number of well location 5001
- Attach map with location identified.
(See reverse of this form for approved maps)
- Show well location within 1/4, 1/4 of section grid at left.

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

Owner's signature

Title

Home phone

Date

Work phone

[Signature]
Bonded Water Well Constructor
License No. 705
Company Garble Well Drilling

NOTE: This is not a water right application. The owner is responsible for obtaining a water right through the Water Resources Department, if required.

THIS COPY TO WATER RESOURCES DEPARTMENT IN SALEM
If no fee applies, discard this copy