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36/3W-22db

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

MAY - 3 1988

(1) OWNER:
Name Laural Hills Golf Course Well Number: _____
Address P.O. Box 167 SALEM, OREGON
City Gold Hill State Ore. Zip 97525

(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
 Normal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 200 ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | Amount sacks or pounds |
|----------|------|-----|----------|------|----|---------------------------|
| Diameter | From | To | Material | From | To | |
| 8" | 22 | 200 | Bent | 0 | 22 | 1000 lbs |

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 |
|----------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 8" | +1 | 142 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Liner: _____
Final location of shoe(s) 142'

(7) PERFORATIONS/SCREENS:

Perforations Method Holte Perforator
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|-------------------------------------|--------------------------|
| 40 | 138 | 1/4 | 1800 | 1/8 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 100 Drawdown _____ Drill stem at 200 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 _____ Longitude _____
Township 36s N or S, Range 3W E or W, WM.
Section 22 NW 1/4 SE 1/4
Tax Lot 400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 9450 Old Stage Rd
Central Point, Ore. 97502

(10) STATIC WATER LEVEL:
40 ft. below land surface. Date 4/16/88
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 44'

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 44' | 137 | 100 | 40 |

(12) WELL LOG: Ground elevation _____

| Material | From | To | SWL |
|-----------------|------|-----|-----|
| Soil Brown | 0 | 3 | |
| Clay Brown | 3 | 22 | |
| Gravel Med Brn. | 22 | 139 | 40 |
| Basalt Dk. Gray | 139 | 200 | |

Date started 4/9/88 Completed 4/16/88

(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.
Gribble Well Drilling 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.
Signed Logan M. Gribble WWC Number 705
Date 4-18-88