STATE OF OREGON 50794
WATER WELL REPORT,
(as required by ORS 537.765)

GRIBBLE WELL DRILLING INC.

	(as required by ORS 537./65)	(START CARD) #	
	(1) OWNER: Well Number L - 11704	(0) LOCATION OF WELL by logal description	
	(1) OWNER: Well Number L-11/U4 Name Calvary Church of Grants Pass	(9) LOCATION OF WELL by legal description: County osephine Latinut 2'24,633 Long Hild 23'24	. 790
	Address C/o Darcy Englen 201 Dellwood Dr.	Township 36S N or S. Range 6W E or W	, ,,,,
	CityGrants Pass State Ore Zip 97526	Section 28 NE 14 SW 14	. W IVI .
	(2) TYPE OF WORK:	Tax Lot 1600 Lot Block Subdivision Street Address of Well (or nearest address) 2201 Midway	Ave.
	New Well Deepen Recondition Abandon	Grants Pass, Ore. 97527	
	(3) DRILL METHOD:	(10) STATIC WATER LEVEL:	
	Rotary Air Rotary Mud Cable	65 ft. below land surface. Date 4/1	n/97
	Other		
	(4) PROPOSED USE:	Artesian pressure lb. per square inch. Date lt. WATER BEARING ZONES:	
	□ Domestic	(II) WAIER BEARING ZONES:	
	Thermal Injection Other	Danth at which water was first found 931	
	(5) BORE HOLE CONSTRUCTION:	Depth at which water was first found93'	
/	Special Construction approval Yes No Depth of Completed Well 240 ft.	From To Estimated Flow Rate	SWL
	Explosives used Yes XNo Type Amount	93. 95 6	65
	HOLE SEAL Amount	174 176 20	65
	Diameter From To Material From To sacks or pounds 10" 0 45 Bent 0 45 900 lbs	187 191 34	65
-	10" 0 45 Bellt 0 45 500 105		07
J	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		<u> </u>
	6" 45 240	(12) WELL LOG:	
		Ground elevation	
	How was seal placed: Method \square A, \square B \square C \square D \square E		- C33/I
	X Other Poured Dry	Material From To Granite Brown 0 35	SWL
	Backfill placed from ft. to ft. Material	Granite Gray 35 51	
	Gravel placed from ft. to ft. Size of gravel	Granite Brown 51 53	
	(6) CASING/LINER:		65
	Diameter From To Gauge Steel Plastic Welded Threaded Casing: 6" +2 58 250 X	Granite Gray 53 240	ره
			
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	Liner:		<u> </u>
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	Final location of shoe(s)	DECEIVED	ļ
· }	(7) PERFORATIONS/SCREENS:	MECEIAFA	
J	Perforations Method NA	2427 4 4007	<u> </u>
	Screens Type Material	MAY 1 4 1997	<u> </u>
	Slot Tele/pipe	TO ALBORO DEPT	├
	From To size Number Diameter size Casing Liner	WATER RESOURCES DEPT.	ļ
١		SALEM, OREGON	↓
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	(0) MELL TECTS. Minimum testing time is 1 hour		<u>L</u>
	(8) WELL TESTS: Minimum testing time is 1 hour	Date started 4/10/97 Completed 4/10/97	
	Flowing ☐ Pump ☐ Bailer ☐ Artesian	(unbonded) Water Well Constructor Certification:	
	•	I certify that the work I performed on the construction, alteration, or	abandon
	Yield gal/min Drawdown Drill stem at Time	ment of this well is in compliance with Oregon well construction standards.	
	60 240 1 hr.	used and information reported above are true to my best knowledge and b	enet.
		WWC Number _	
		Signed Date	
		(bonded) Water Well Constructor Certification:	
	Temperature of Water 55 Depth Artesian Flow Found	I accept responsibility for the construction, alteration, or abandonment	work per
	Was a water analysis done? Yes By whom	formed on this well during the construction dates reported above. All work p	performe
	Did any strata contain water not suitable for intended use? Too little	during this time is in compliance with Oregon well construction standards. T	
	Salty Muddy Odor Colored Other	is true to the best of my knowledge and best. WWC Number	105
	Depth of strata:	is true to the best of my knowledge and best. WWC Number Date 4-18-	97
	Deduction Strata:		