

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

GRIBBLE WELL DRILLING INC.

(START CARD) # 157825

(1) OWNER: Well Number L-68273
Name Trenor Scott c/o Duncan
Address 346 Bickford Dr.
City Grants Pass State Ore Zip 97527

(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 280' ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10"	0 50	Bent	0 50	900 lbs	
6"	50 280				

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
Casing:	6"	1	126	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6"	1	126	250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 126'

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Holte Air
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
80	120	1 1/4"	620	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	Drawdown	Drill stem at	Time
6		280'	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 Josephine Latitude N 42° 31.49' Longitude W 123° 29.75'
Township 35S N or S. Range 7W E or W. WM.
Section 14 NW 1/4 NE 1/4
Tax Lot 620 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) across Rd From 1080 Green Tree Loop Rd Grants Pass

(10) STATIC WATER LEVEL:

42 ft. below land surface. Date 10-17-03
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 92'

From	To	Estimated Flow Rate	SWL
92	97	5	42"
220	225	1	42"

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Soil Red	0	2	
Claystone Red	2	112	42"
" Brown	112	118	
" Blue	118	131	
" Brown	131	135	
" Blue	135	219	
" Red	219	226	42"
" Blue	226	280	

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NOV 17 2003

WATER RESOURCES DEPT
SALEM, OREGON

Date started 10-16-03 Completed 10-17-03

(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. Material 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 [Signature] WWC Number 205
Date 11-13-03

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT

SECOND COPY - CONSTRUCTOR

THIRD COPY - CUSTOMER

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