

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

GRIBBLE WELL DRILLING INC.

(START CARD) # 127813

(1) OWNER: Well Number L-39831
Name Robert L. Dawson Trustee
Address 1511 Talent Ave
City Talent State Ore Zip 97540

(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 300 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	36	Bent	0	36	650 lbs
6"	36	300				

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	39	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	0	300	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 39"

(7) PERFORATIONS/SCREENS:
 Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
240	300	10"	144	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
60+		300'	1 hr.

Temperature of Water _____ 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 N42°38'05" Longitude W122°56'878"
Township 34S N or S. Range 2W E or W. WM.
Section 4 NE ¼ NW ¼
Tax Lot 1000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 23210 E. Evans Cr Rd. Central Point, Ore. 97502

(10) STATIC WATER LEVEL:
47 ft. below land surface. Date 6/16/00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 261'

From	To	Estimated Flow Rate	SWL
261	265	60+	47

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
Clay Brown	0	10	
Claystone Brown	10	29	
" Gray	29	98	
" Brown	98	110	
" Gray	110	261	
" Black	261	265	47
Claystone Gray	265	300	

RECEIVED

AUG 09 2000

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 6/16/00 Completed 6/16/00

(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 205
Signed A.J. Melkowski Date _____