

RECEIVED

#2

linn 51469
STATE OF OREGON

NOV 24 1997

WELL I.D.#

L19001

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT.

(START CARD) # 099268

Instructions for completing this report are on the last page of this report.

(1) OWNER:

Well Number _____

Name G 4 L.L.C.
Address P.O. Box 257
City Tangent State OR Zip 97389

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 135 ft.

Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14"	0	36'	cement	0	36'	18 sacks
10"	36'	135'				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	10"	+12"	111'	1/2"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 111'

(7) PERFORATIONS/SCREENS:

Perforations Method Acetylene torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
100'	111'	3/8"	80	10"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		x12"				<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
100 gpm	16"		1 hr.

Temperature of water 55 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 Linn Latitude _____ Longitude _____
Township 12 S N or S Range 3 W E or W. WM.
Section 8 SW 1/4 NW 1/4
Tax Lot 3000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) aprox. 32660 Tangent Drive - Tangent

(10) STATIC WATER LEVEL:

5' 06" ft. below land surface. Date 11-5-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 30'

From	To	Estimated Flow Rate	SWL
30'	33'	10gpm	8
65'	109'	100gpm	5' 06"

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top soil	0	2	
Brown clay	2	20	
Brown clay & gravel	20	27	
Brown clay	27	30	
Dirty gravel	30	33	8
Brown clay	33	41	
Brown clay & gravel	41	50	
Brown clay	50	55	
Dirty gravel	55	65	
Brown sand & gravel	65	81	5' 06"
Dirty black sand & gray	81	90	
Black sand & gravel	90	109	
Dark gray clay	109	135	

RECEIVED

NOV 27 2012

WATER RESOURCES DEPT
SALEM, OREGON

Date started 10-22-97 Completed 11-5-97

(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1378

Signed [Signature] Date 11-7-97

Revised WELL I.D.# W0162

#3

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

LINN
51015

(START CARD) # 99358

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number 3093
Name Steve Glaser
Address P.O. Box 267
City Tangent State Oregon Zip 97389

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 125 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Socks or pounds	
Diameter	From To	Material	From To		
<u>12</u>	<u>0</u> <u>20</u>	<u>Bentond</u>	<u>0</u> <u>20</u>	<u>20</u>	<u>sacks</u>
<u>8</u>	<u>0</u> <u>125</u>	<u>Bore</u>			

How was seal placed: Method A B C D E
 Other _____

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: <u>8</u>	<u>1</u>	<u>83</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>None</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) None

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
<u>None</u>								

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Time
<u>200+</u>		<u>125'</u>	<u>1 hr.</u>

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 Linn Latitude _____ Longitude _____
Township 12 N or S Range 3 E or W W.M.
Section 5 NE 1/4 SE 1/4
Tax Lot 1100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 32994 Hwy 34
3401 Tangent Loop Tangent, OR 97389

(10) STATIC WATER LEVEL:
6 ft. below land surface. Date 5-29-97
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
<u>97</u>	<u>125</u>	<u>200+</u>	<u>6</u>

NOV 27 2012

(12) WELL LOG: Ground Elevation _____ WATER RESOURCES DEPT SALEM, OREGON

Material	From	To	SWL
<u>Topsoil</u>	<u>0</u>	<u>1</u>	
<u>Brown Clay</u>	<u>1</u>	<u>19</u>	
<u>Clay with Gravel Cemented</u>	<u>19</u>	<u>50</u>	
<u>Brown Clay</u>	<u>50</u>	<u>60</u>	
<u>Cemented Gravel</u>	<u>60</u>	<u>75</u>	
<u>Blue Packed Sand</u>	<u>75</u>	<u>76</u>	
<u>Blue Clay</u>	<u>76</u>	<u>85</u>	
<u>Blue Silt & Packed Sand</u>	<u>85</u>	<u>97</u>	
<u>Fine Gravel & Black Sand</u>	<u>97</u>	<u>125</u>	<u>6'</u>

RECEIVED
JUN 24 1997
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 5-28-97 Completed 5-29-97

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
Signed Claude J. WWC Number 1279
Date 6-23-97

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Bob Stone WWC Number 514
Date 6-23-97

Well # 4

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

(WELL I.D.#) L 65002
(START CARD) # 158181

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
Name Gilmore Farms
Address 2850 Strawberry St
City CORVALLIS State OREGON Zip 97330

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 155 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
10	0 19	Cement	0 19		16
8	19 155				

How was seal placed: Method A B C D E
 Other _____
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: 8	+1/2	15 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method HOT AIR
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
68	82	3/16				<input checked="" type="checkbox"/>	<input type="checkbox"/>
102	137	3/16				<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
500		175	1 hr.

Temperature of water 560 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 LINN Latitude _____ Longitude _____
Township 12 N or S Range 3 E or W WM.
Section 5 NE 1/4 SE 1/4
Tax Lot 1100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) TANGENT Loop Rd.

(10) STATIC WATER LEVEL:
19 ft. below land surface. Date 9-5-03
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 66

From	To	Estimated Flow Rate	SWL
68	82	100	19
101	137	900	19

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	2	
Brown sticky clay	2	16	
Grey sticky clay	16	18	
Brown (cemented) sandstone	18	66	
Blue sand & gravel	66	82	19
Blue sandy clay	82	101	
Blue sand & gravel	101	130	19
Blue gravel (large)	130	137	19
Blue sandstone gravel & clay	137	155	

RECEIVED

NOV 27 2012

WATER RESOURCES DEPT
SALEM, OREGON

Date started 9-2-03 Completed 9-5-03

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WVC 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WVC Number 719
Signed G. J. K.

RECEIVED

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

OCT 06 2003
WATER RESOURCES DEPT

MAY 24 2012