

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

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

(1) OWNER: Gilman Farms Well Number \_\_\_\_\_  
Name Gilman Farms  
Address 2350 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	
12	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 1/2	155	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

Yield gal/min	Drawdown	Drill stem at	Time
500		145	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 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 Sandy Gravel	101	137	19
Blue Gravel (Large)	130	137	19
Blue Sandstone Gravel Clay	137	155	

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.  
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 225  
Signed G. J. K. Date \_\_\_\_\_

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

RECEIVED

RECEIVED  
OCT 06 2003  
WATER RESOURCES DEPT  
OREGON

AUG 06 2007  
WATER RESOURCES DEPT  
SALEM, OREGON