

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: Gilmour FARMS Well Number _____

Name Gilmour 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			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>12</u>	<u>0</u>	<u>19</u>	<u>CEMENT</u>	<u>0</u>	<u>19</u>	<u>16</u>
<u>8</u>	<u>19</u>	<u>155</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 1/2</u>	<u>13 1/2</u>	<u>250</u>	<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
<u>68</u>	<u>82</u>	<u>3/8x3</u>				<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>102</u>	<u>137</u>	<u>3/8x3</u>				<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>500</u>		<u>145</u>	<u>1 hr.</u>

Pump Bailer Air Flowing Artesian

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
<u>68</u>	<u>82</u>	<u>100</u>	<u>19</u>
<u>101</u>	<u>137</u>	<u>900</u>	<u>19</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>TOP SOIL</u>	<u>0</u>	<u>2</u>	
<u>BROWN STICKY CLAY</u>	<u>2</u>	<u>16</u>	
<u>GREY STICKY CLAY</u>	<u>16</u>	<u>18</u>	
<u>BROWN (CEMENTED) SAND & GRAVEL</u>	<u>18</u>	<u>66</u>	
<u>BLUE SAND & GRAVEL</u>	<u>66</u>	<u>82</u>	<u>19</u>
<u>BLUE SANDY CLAY</u>	<u>82</u>	<u>101</u>	
<u>BLUE SAND & GRAVEL</u>	<u>101</u>	<u>130</u>	<u>19</u>
<u>BLUE GRAVEL (LARGE)</u>	<u>130</u>	<u>137</u>	<u>19</u>
<u>BLUE SANDSTONE GRAVEL & CLAY</u>	<u>137</u>	<u>155</u>	

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.

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

Signed Guy 2 King WWC Number 249 Date _____