

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 110125
 START CARD # 1021014

(1) LAND OWNER Owner Well I.D. 5358
 First Name _____ Last Name _____
 Company Meduri Farms Inc.
 Address P.O. Box 636
 City Dallas State OR Zip 97338

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 80 ft.

BORE HOLE			SEAL			Amt	lbs
Dia	From	To	Material	From	To		
16	0	79	Bentonite	0	19	89	S

How was seal placed: Method A B C D E
 Other Poured dry
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		1.5	79.5	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 16 From 0 To 79

(7) PERFORATIONS/SCREENS
 Perforations Method Torch cut
 Screens Type _____ Material _____

Perf	Casing	Screen	Dia	From	To	Scm/slot width	Slot length	# of slots	Tele/ pipe size
			12	18	80	.438	11	700	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1,500	68		4

Temperature 53 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County LINN Twp 10 S N/S Range 2 W E/W WM
 Sec 8 SE 1/4 of the SE 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
36307 Jefferson Scio Dr., Jefferson, OR 97352

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	09-13-2013		13

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 18

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
09-13-2013	18	78	2,000		13

(11) WELL LOG Ground Elevation _____

Material	From	To
Topsoil	0	2
Brown clay	2	6
Sand & Gravel	6	54
Cemented sand & gravel	54	78
Blue clay	78	80

JONES DRILLING CO., INC.
 29400 SANTIAM HWY.
 LEBANON, OR 97355
 541-367-2560 541-451-2686
 1-800-915-8388

RECEIVED BY OWRI
 SEP 20 2013
 SALEM, OR

Date Started 09-10-2013 Completed 09-13-2013

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, 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.
 License Number 1888 Date 09-17-2013
 Password: (if filing electronically) _____
 Signed Ken Seltzer

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, 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.
 License Number 1684 Date 09-17-2013
 Password: (if filing electronically) _____
 Signed
 Contact Info (optional) _____

RECEIVED