

**CLAIM OF  
BENEFICIAL USE  
for Transfer New or Additional  
POA Only**



**Oregon Water Resources Department**  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
[www.oregon.gov/OWRD](http://www.oregon.gov/OWRD)

**A fee of \$230 must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.**

**Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.**

**A separate form shall be completed for each transfer.**

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:  
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.\

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-979-9103.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see:

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

**SECTION 1  
GENERAL INFORMATION**

**Type of Authorized Change**

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This Claim is being submitted for a transfer where the only authorized change was a change in point(s) of appropriation or additional point(s) of appropriation, or a combination of both.  **YES**  **NO**  
*If additional changes were authorized, you will need to select a different form.*

**1. File Information**

APPLICATION # <b>T-11316</b>
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**2. Property Owner (current owner information)**

APPLICANT/BUSINESS NAME <b>Meduri Farms</b>		PHONE NO. <b>(503) 930-4795</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>PO Box 636</b>			
CITY <b>Dallas</b>	STATE <b>OR</b>	ZIP <b>97338</b>	E-MAIL <b>justin@medurifarms.com</b>

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. ***Each transfer holder of record must sign this form.***

**3. Transfer holder of record (this may, or may not, be the current property owner)**

TRANSFER HOLDER OF RECORD <b>Meduri Farms</b>		
ADDRESS <b>PO Box 636</b>		
CITY <b>Dallas</b>	STATE <b>OR</b>	ZIP <b>97338</b>

**4. Date of Site Inspection:**

<b>8/11/2023</b>
------------------

**5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Justin Meduri</b>	<b>8/11/2023</b>	<b>Farm Operations Manager</b>

**6. County:**

<b>Linn</b>
-------------

**7. If any property described in the place of use of the transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):**

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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**SECTION 2  
SIGNATURES**

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME <b>William E. McGill</b>		PHONE NO. <b>(503) 510-3026</b>	ADDITIONAL CONTACT NO. <b>(503) 931-0210</b>
ADDRESS <b>15333 Pletzer Rd. SE</b>			
CITY <b>Turner</b>	STATE <b>OR</b>	ZIP <b>97392</b>	E-MAIL <b>willmcgill.surveying@gmail.com</b>

Transfer Holder of Record Signature or Acknowledgement

***Each*** transfer holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	D. Justin Meduri	Farm ops mg	8/11/23

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**SECTION 3**  
**CLAIM DESCRIPTION**

**Note: The Claim only needs to describe the new or additional point(s) of appropriation. This Claim does not need to provide information for the original point(s) of appropriation unless the original point of appropriation is either a new or additional point of appropriation on another right involved in this transfer.**

**1. New or additional point of appropriation name or number:**

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
Well 3P	LINN 58802	L-42573	North Santiam River Basin
Well 5P	LINN 58285	L-92446	North Santiam River Basin
Well 6P	LINN 58274	L-92444	North Santiam River Basin

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

**2. Variations:**

Was the use developed differently from what was authorized by the transfer final order, or extension final?

YES     NO

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

**Transfer T-11316 authorized Well 8 as an additional point of appropriation, but it will not be claimed for irrigation as it was used for fire suppression exempt uses only.**

**3. Claim Summary:**

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 3P	0.43 cfs	2.78 cfs	0.84 cfs
Well 5P	0.63 cfs	1.20 cfs	Not running at time of inspection
Well 6P	0.64 cfs	2.81 cfs	Not running at time of inspection

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**SECTION 4**  
**SYSTEM DESCRIPTION**

Are there multiple new or additional Points of Appropriation (POA)?

YES  NO

If "YES" you will need to copy and complete a separate Section 4.

POA Name or Number this section describes (only needed if there is more than one):

Well 3P

**A. POA System Information**

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

**1. Pump Information**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	9RCLC-60		Submersible		4"

**2. Motor Information**

MANUFACTURER	HORSEPOWER
Goulds	60

**3. Theoretical Pump Capacity**

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
60	55	0'	12'	2.78

**4. Provide pump calculations:**

$$Q = (60 * 7.04) / (139.7 + 12) = 2.78$$

**5. Measured Pump Capacity (using meter if meter was present and system was operating)**

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
172340	172343.75	1 minute	0.84

Reminder: For pump calculations use the reference information at the end of this document.

**B. Groundwater Source Information (Well and Sump)**

3. Is the appropriation from a dug well (sump)?

YES  NO

**C. Additional notes or comments related to the system:**

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POA Name or Number this section describes (only needed if there is more than one):

Well 5P

**A. POA System Information**

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

**1. Pump Information**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Berkeley	7T25-350		Submersible		6"

**2. Motor Information**

MANUFACTURER	HORSEPOWER
Berkeley	25

**3. Theoretical Pump Capacity**

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
25	55	0'	7.5'	1.20

**4. Provide pump calculations:**

$Q = (25 * 7.04) / (139.7 + 7.5) = 1.20 \text{ cfs}$

**5. Measured Pump Capacity (using meter if meter was present and system was operating)**

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
System not running at time of site inspection.			

Reminder: For pump calculations use the reference information at the end of this document.

**B. Groundwater Source Information (Well and Sump)**

3. Is the appropriation from a dug well (sump)? YES  NO

**C. Additional notes or comments related to the system:**

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POA Name or Number this section describes (only needed if there is more than one):

Well 6P

**A. POA System Information**

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

**1. Pump Information**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	9RCLC-60		Submersible		6"

**2. Motor Information**

MANUFACTURER	HORSEPOWER
Goulds	60

**3. Theoretical Pump Capacity**

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
60	55	0'	10.5'	2.81

**4. Provide pump calculations:**

$Q = (60 * 7.04) / (139.7 + 12 - 1.5) = 2.81 \text{ cfs}$

**5. Measured Pump Capacity (using meter if meter was present and system was operating)**

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
System not running at time of site inspection.			

Reminder: For pump calculations use the reference information at the end of this document.

**B. Groundwater Source Information (Well and Sump)**

3. Is the appropriation from a dug well (sump)? YES  NO

**C. Additional notes or comments related to the system:**

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**SECTION 5  
CONDITIONS**

All conditions contained in the transfer final order, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

**1. Time Limits:**

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE NEW AND/OR ADDITIONAL POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	9/11/2013	
COMPLETENESS DATE FROM ORDER (C)	10/1/2014	Transfer application T-11316 was made on existing wells.

\* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

2. Is there an extension final order(s)? YES  NO

**3. Measurement Conditions:**

a. Does the transfer final order, or any extension final order require the installation of a meter or other approved measuring device? YES  NO

*If "NO", items b through f relating to this section may be deleted.*

**Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of appropriation.**

b. Has a meter been installed? YES  NO

**c. Meter Information**

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 3P	McCrometer	09-02686-04	Working	17233500	Sep. 2009
Well 5P	McCrometer	10-05096-08	Working	32222700	Sep. 2009
Well 6P	McCrometer	10-05095-08	Working	31489500	Sep. 2009

**4. Recording and reporting conditions**

a. Is the water user required to report the water use to the Department? YES  NO

YES  NO   
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5. Other conditions required by the transfer final order or extension final order:

- a. Were there special well construction standards? YES  NO
- b. Was submittal of a ground water monitoring plan required? YES  NO
- c. Other conditions? YES  NO

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

**SECTION 6  
ATTACHMENTS**

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	DESCRIPTION
Well Logs (x3)	LINN 58802 (3P), LINN 58285 (5P), LINN 58274 (6P)
Pictures (x12)	Taken 8/11/2023 during COBU site inspection.

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## SECTION 7

### CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on polyester film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of appropriation, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

Survey method used was aerial photo provided by Maxar Technologies.  
Source Date: 10/30/2021

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## Map Checklist

Please be sure that the map you submit includes ALL the items listed below.  
(Reminder: Incomplete maps and/or claims may be returned.)

- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) **\*Not required for this type of Claim of Beneficial Use**
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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Well 3P

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

WELL LABEL # L 42573  
 START CARD # 200360

(1) LAND OWNER Owner Well I.D. 5013  
 First Name Justin Last Name Meduri  
 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 58 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
16	0	58	Bentonite	0	18	18	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	58	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
 Temp casing  Yes Dia 16 From 0 To 58

(7) PERFORATIONS/SCREENS

Perforations Method Torch cut  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/S	Casing/	Screen	Scrm/slot	Slot	# of	Tele/
creen	Liner	Dia	width	length	slots	pipe size
Perf	Casing	18	58	.438	10	800

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)  
 500 \_\_\_\_\_ 55 \_\_\_\_\_

Temperature 54 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe flow) \_\_\_\_\_  
 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 SW 1/4 of the SW 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  
 Date SWL(psi) + SWL(ft)  
 Existing Well / Predeepening \_\_\_\_\_  
 Completed Well 03-13-2009 \_\_\_\_\_ 12  
 Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 18

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
03-13-2009	18	60	800		12

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
Sandy loam	0	8
Cemented clay & gravel	8	18
Gravel & sand	18	27
Gravel cemented	27	32
Sandy gravel	32	42
Gravel cemented	42	60

Allowed to naturally cave back to 18. around casing  
 Caved from 60'-58'

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

Date Started 03-11-2009 Completed 03-13-2009

(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 1411 Date 03-17-2009  
 Password: (if filing electronically) \_\_\_\_\_  
 Signed *K. Adams*

(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 03-17-2009  
 Password: (if filing electronically) \_\_\_\_\_  
 Signed *Butler Jones*  
 Contact Info (optional) jonesdrilling@hotmail.com

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

WELL LABEL # L 92446 SEP 05 2023
START CARD # 198018 OWRD

(1) LAND OWNER
Owner Well I.D. 4948
First Name Last Name
Company Meduri Farms, Inc.
Address P.O. Box 636
City Dallas State OR Zip 97338

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

(3) DRILL METHOD
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

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

(5) BORE HOLE CONSTRUCTION
Special Standard [ ] (Attach copy)
Depth of Completed Well 60 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Row 1: 16, 0, 60, Bentonite, 0, 18, 19, S

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] 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
Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)
Temp casing [X] Yes Dia 16 From 0 To 60

(7) PERFORATIONS/SCREENS
Perforations Method Torch cut
Screens Type Material
Table with columns: Perf, Casing, Screen, Dia, From, To, Scm/slot width, Slot length, # of slots, Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
Pump [X] Bailer [ ] Air [ ] Flowing Artesian [ ]
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
900 11 2

Temperature 54 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below)
Table with columns: 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
Date SWL(psi) + SWL(ft)
Existing Well / Predeepening
Completed Well 05-20-2008 9.5
Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES
Depth water was first found
Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft)
05-20-2008 18 60 900 9.5

(11) WELL LOG
Ground Elevation
Table with columns: Material, From, To
Sandy loam 0 4
Cemented gravel 4 14
Sand & gravel 14 32
Brown clay w/some gravel 32 42
Blue sandy gravel 42 53
Blue gravel & sand 53 60
Naturally caved around casing from 18' - 60'
JONES DRILLING CO., INC.
29400 SANTIAM HWY.
LEBANON, OR 97355
541-367-2560 541-451-2686
1-800-915-8388
RECEIVED JUN 12 2008
WATER RESOURCES DEPT. SALEM, OREGON

Date Started 05-19-2008 Completed 05-20-2008

(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 1411 Date 05-29-2008
Password: (if filing electronically)
Signed [Signature]

(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 05-29-2008
Password: (if filing electronically)
Signed [Signature]
Contact Info (optional) jonesdrilling@hotmail.com



Well 6P

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

WELL LABEL # L 92444
START CARD # 198012

(1) LAND OWNER
Owner Well I.D. 4942
First Name Kenneth Last Name Cunningham
Company Meduri Farms, Inc.
Address P.O. Box 636
City Dallas State OR Zip 97338

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

(3) DRILL METHOD
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

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

(5) BORE HOLE CONSTRUCTION Special Standard [ ] Attach copy
Depth of Completed Well 63 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Row 1: 16, 0, 63, Bentonite, 0, 18, 20, S

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] 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
Table with columns: Casing, Liner, Dia, From, To, Gauge, Sti, Plstc, Wld, Thrd

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)
Temp casing [X] Yes Dia 16 From 0 To 60

(7) PERFORATIONS/SCREENS
Perforations Method Torch cut
Screens Type \_\_\_ Material \_\_\_
Table with columns: Perf, Casing, Screen, Dia, From, To, Scm/slot width, Slot length, # of slots, Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[X] Pump [ ] Bailer [ ] Air [ ] Flowing Artesian
Yield gal/min 900 Drawdown 18 Drill stem/Pump depth Duration (hr) 2

Temperature 52 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below)
Table with columns: 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 NW 1/4 of the SE 1/4 Tax Lot 100
Tax Map Number Lot
Lat ° ' " or 0 DMS or DD
Long ° ' " or 0 DMS or DD
[ ] Street address of well [ ] Nearest address
36307 Jefferson Scio Dr., Jefferson, OR 97352-9302

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Predeepening
Completed Well 05-02-2008 12
Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found
Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft)

(11) WELL LOG
Ground Elevation \_\_\_
Table with columns: Material, From, To

JONES DRILLING CO., INC.
29400 SANTIAM HWY.
LEBANON, OR 97355
541-367-2560 541-451-2686
1-800-915-8388
RECEIVED MAY 14 2008
WATER RESOURCES DEPT SALEM, OREGON

Date Started 05-01-2008 Completed 05-02-2008

(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 1411 Date 05-12-2008
Password: (if filing electronically)
Signed [Signature]

(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 05-12-2008
Password: (if filing electronically)
Signed [Signature]
Contact Info (optional) jonesdrilling@hotmail.com





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well 3P





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SEP 05 2023  
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8/11/23 - Medina COBU

Well 38 Tag



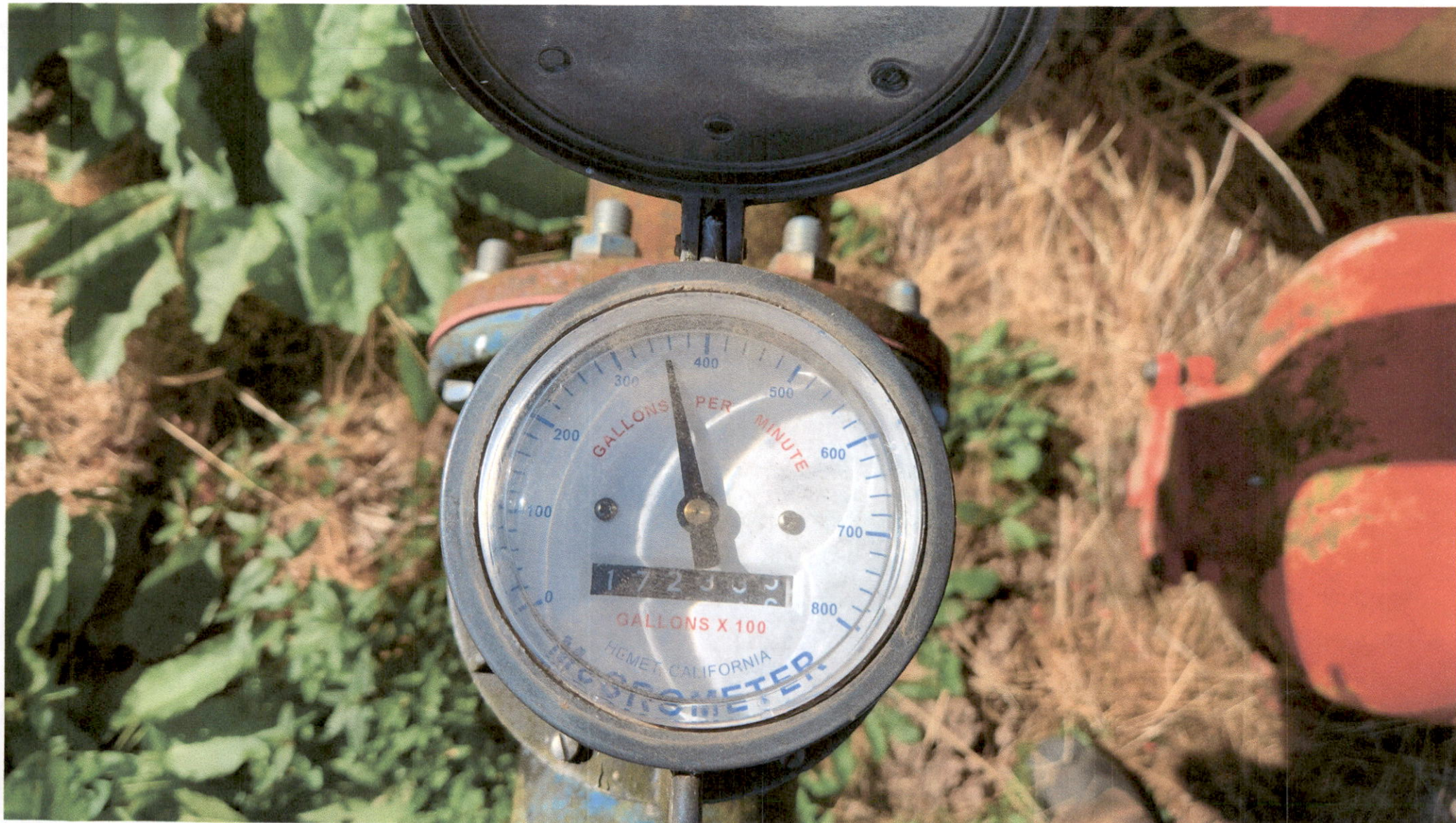


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OWRD

8/11/23 - Meduri COBU

Flow Meter cap @ Well 3P





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8/11/23 - Meduri CoBu

Well 38 Flow Meter





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OWRD

8/11/23 - Meduni COBU

Well 5P





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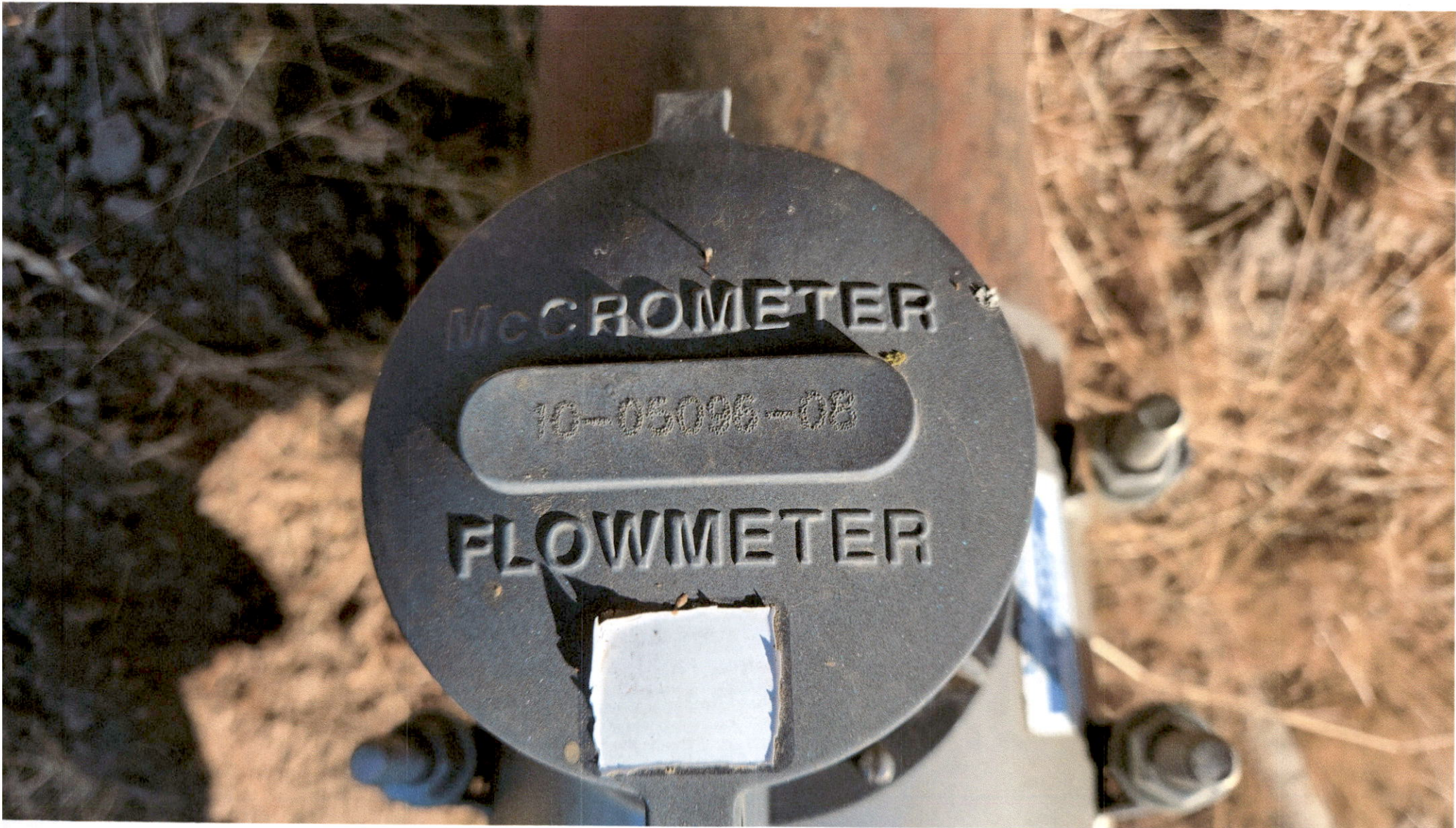
SEP 05 2023

OWRD

8/11/23 - Meduni COBU

Well SP Tag



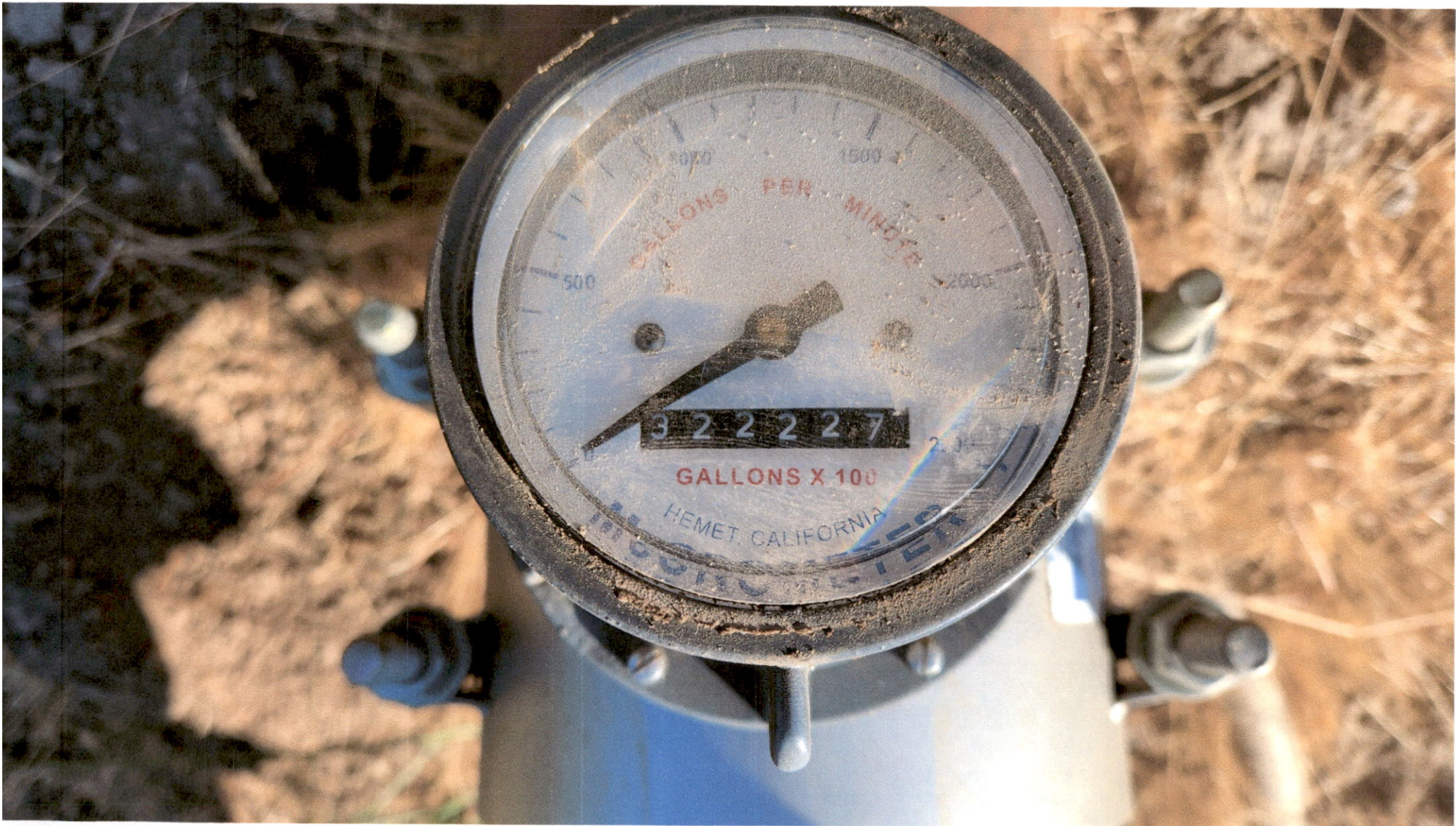


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OWHD

8/11/23 - Meduri COBU

Flow meter cap @ Well 5P





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8/11/23 - Meduri COBU

Well 5P Flow Meter





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SEP 05 2023  
OWHD

8/11/23 - Medyni COBU

Well 6P



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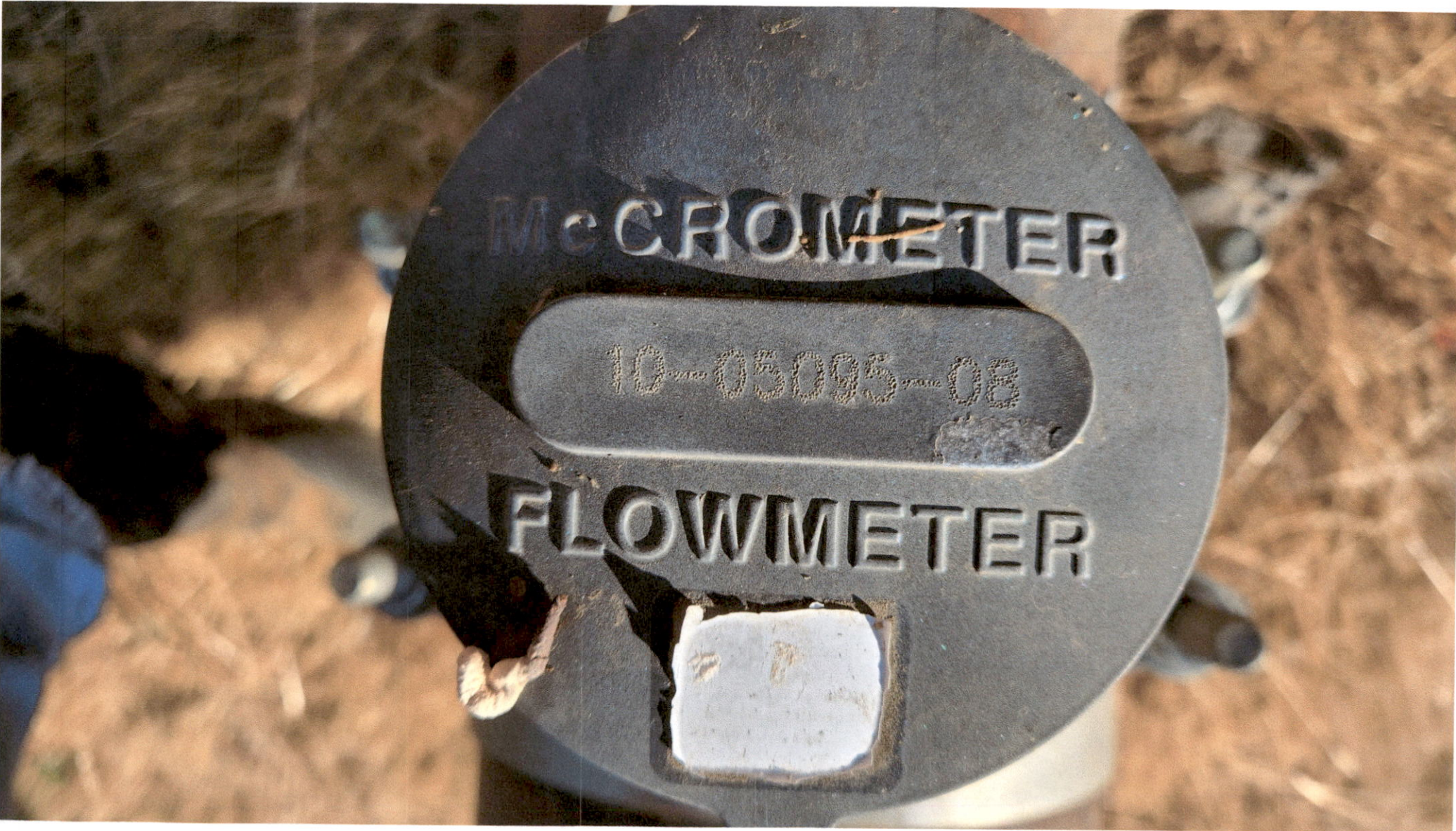
8/11/23 - Median: cobu

Well 68 Tag



DO NOT REMOVE LABEL  
L92444  
WELL #  
WATER RESOURCES DEPT  
OREGON



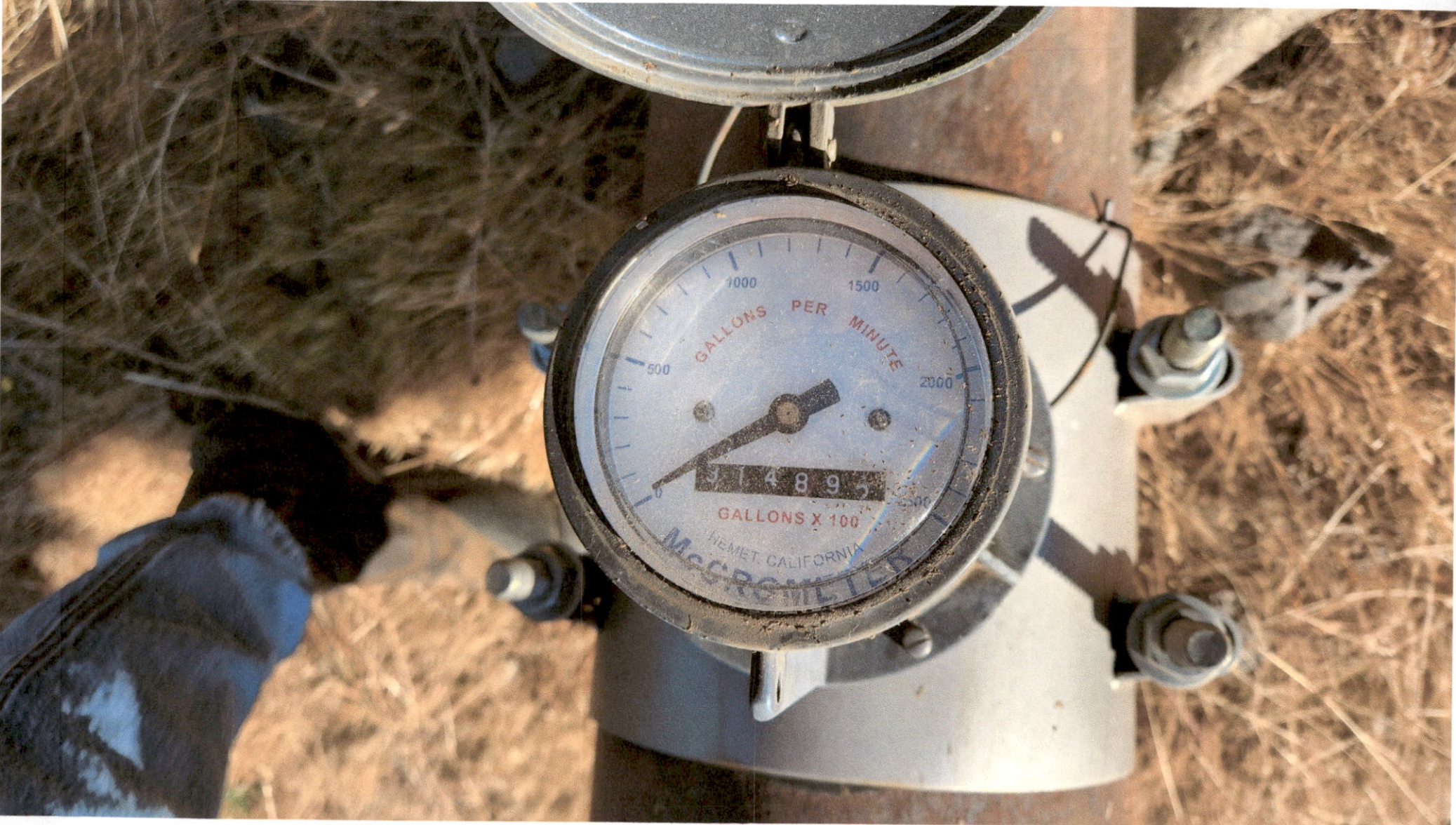


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8/11/23 - Meduri COBU

flowmeter cap @ well 6P



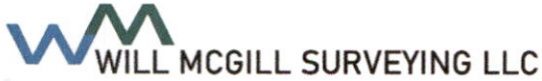


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8/11/23 - Meduni COBY

Well 6P Flow Meter





15333 Pletzer Rd. SE  
Turner, OR 97392  
503-931-0210  
503-510-3026  
willmcgill.surveying@gmail.com

Oregon Water Resources Department  
725 Summer St. NE, Suite A  
Salem, OR 97392

Re: Reversion of portion of changes authorized by T-11316

In conjunction with the claim of beneficial use for T-11316, it is requested that the portion of the transfer authorizing the additional point of appropriation, Well 8, for 34.0 acres be reverted to only the already authorized POA, Well 4. The place of use was still irrigated from the authorized POA, Well 4, during the transfer period; however, Well 8 was only used for fire suppression and not developed for irrigation and connected to the system as an APOA as initially planned. All other changes authorized by T-11316 were completed.



EXPIRES: 12-31-2024

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