

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 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 63 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	lbs
16	0	63	Bentonite	0	18	20	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 type="checkbox"/>	12	<input checked="" type="checkbox"/>	1.5	19.5	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>	19.5	60	250	<input 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 60

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

Perf/Screen	Casing/Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing		19	60	438	10	400	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
900	18		2

Temperature 52 °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 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	Date	SWL(psi)	SWL(ft)
Completed Well	05-02-2008		12

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	SWL(ft)
05-02-2008	18	54	900		12

(11) WELL LOG Ground Elevation _____

Material	From	To
Sandy loam and large gravel	0	18
Gravel & sand	18	34
Cemented gravel	34	54
Blue gravel & sand	54	63
Formation allowed to cave back around 14" casing	19	60

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 Bret Jones
 Contact Info (optional) jonesdrilling@hotmail.com