

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

WELL LABEL # L 92446

START CARD # 198018

**(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**  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 60 ft.

BORE HOLE			SEAL			Amt	lbs
Dia	From	To	Material	From	To		
16	0	60	Bentonite	0	18	19	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	59.5	250	<input 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"/>	<input 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/S	Casing/	Screen	From	To	Scrn/slot	Slot	# of	Tele/
Perf	Casing	Dia	From	To	width	length	slots	pipe size
			18.5	59.5	.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)
900	11		2

Temperature 54 °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	05-20-2008		9.5

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
05-20-2008	18	60	900		9.5

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

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. **RECEIVED**  
 LEBANON, OR 97355  
 541-367-2560 541-451-2686 JUN 12 2008  
 1-800-915-8388 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