

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	<input checked="" type="checkbox"/>	1	58	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"/>	<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 58

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

Perf/S	Casing/	Screen	Scrn/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 500 Drawdown 55 Drill stem/Pump depth 55 Duration (hr) _____
 Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe) _____
 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 [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 03-17-2009
 Password: (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) jonesdrilling@hotmail.com

RECEIVED
 MAR 19 2009