

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

WELL LABEL # L 42577
 START CARD # 200929

(1) LAND OWNER Owner Well I.D. 5019
 First Name Rob Last Name Miller
 Company Mt. Jefferson Farms
 Address P.O. Box 12708
 City Salem State OR Zip 97309

(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 140 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
18	0	19	Bentonite	0	18	30	S
16	19	140					

How was seal placed: Method A B C D E
 Other Poured dry
 Backfill placed from 18 ft. to 140 ft. Material 1/2x3/4 round rock
 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"/>	2	140	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 16 From 0 To 140

(7) PERFORATIONS/SCREENS

Perforations Method Torch cut
 Screens Type _____ Material _____

Perf/S	Casing/	Screen	From	To	Scrn/slot	Slot	# of	Tele/
screen	liner	dia			width	length	slots	pipe size
Perf	Casing		19	140	.375	10	1,050	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
600	50		4
800	65		1

Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)
 From _____ To _____ Amount _____ Units _____
RECEIVED
MAY 26 2009

(9) LOCATION OF WELL (legal description)
 County LINN Twp 10 S N/S Range 2 W E/W WM
 Sec 3 SE 1/4 of the NE 1/4 Tax Lot 400
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
Shelburn Dr. - Scio, OR 97374

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening	05-12-2009			16' 1/2"
Completed Well				

Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 18

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
05-12-2009	18	140	800			16' 1/2"

(11) WELL LOG Ground Elevation _____

Material	From	To
Topsoil	0	3
Dirty gravel	3	54
Gravel dirty	54	60
Dirty gravel	60	65
Sandy gravel	65	94
Fine sand w/some gravel brown	94	122
Gravel & sand	122	140

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

Date Started 05-04-2009 Completed 05-12-2009

(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 05-18-2009
 Password: (if filing electronically) _____
 Signed K. D. Munt

(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 05-18-2009
 Password: (if filing electronically) _____
 Signed Butcher
 Contact Info (optional) jonesdrilling@hotmail.com