

CROO
3232

CROO 3232

1551168/21

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(START CARD) # 71873

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number 742
Name Mark Fleming
Address 6072 S Davis loop
City Phil's Hill State OR Zip 97154

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 420
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	28 1/2	Beni mite	0	20	9
			CEMENT	20	28 1/2	12
8	28 1/2	420				

How was seal placed: Method A B C D E
 Other

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing: 8	1 1/2	18 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	
					Tele/pipe size	Casing
ADDED TO FILE H/PL						

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Time
25	4.2 KNW9	420	1 hr.

Temperature of water 68 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____

Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Clatsop Latitude _____ Longitude _____
Township 15 N or S Range 16 E or W. WM.
Section 21 1/4 1/4
Tax Lot 307 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) JANITOR CAYON RD.

(10) STATIC WATER LEVEL:
187 ft. below land surface. Date 5-18-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 220

From	To	Estimated Flow Rate	SWL
220	420	25	187

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Sandy Top Soil	0	2	
Broken Rock Sandstone	2	16	
Brown Sandstone	16	202	
Blue-gray Rock	202	218	
Brown Sandstone	218	351	
Brown clay	351	396	
Blue-gray clay	396	420	

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AUG 23 1995

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 5-16-95 Completed 5-17-95

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.

Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.

Signed Dan Maphu WWC Number 584 Date 5-20-95



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

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WATER RESOURCES DEPT
SALEM, OREGON

Do not complete if the well already has a Well I.D. Number.

I. OWNER INFORMATION

Current Owner Name (please print): Mark W Fleming & Jaunita M Fleming

Mailing Address: 4777 NW Lamonta Rd

City: Prineville

State: OR

Zip: 97754

Mailing Address (to send Well I.D.): 4777 NW Lamonta Rd

City: Prineville

State: OR

Zip: 97754

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 15 South

(North/South) Range: 16 East

(East/West) Section: 21 +D

Tax Lot: 1600

County: Crook

SW

1/4 SE

1/4

Street Address of Well: 5980 SE Jerry Dr

City: Prineville

Owner at time the well was constructed, (if known): Mark Flemming

If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Community well

Date Well Constructed: 5/17/1995

Total Well Depth: 420 Ft

Casing Diameter: 8"

Other Information: This well serves Certificate 85101 & Permit G-13439.

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WATER RESOURCES DEPT
SALEM, OREGON

SUBMITTED BY (please print): Jeremy Giffin (District 11 Watermaster)

PHONE: (541) 388-6669

FAX: (541) 388-5101

GPS Location - 44.24746 N -120.81435 W

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

Well Log Number:

Well Identification #:

CROOK 3232

L-94625

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

07-21-2010

WELL LABEL # L 101170

START CARD # 1010650

(1) LAND OWNER Owner Well I.D.
First Name DORTHY Last Name WILLS
Company HIGH DESERT WATER DISTRICT
Address 4488 SE JERRY DR
City PRINEVILLE State OR Zip 97754

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)
Depth of Completed Well 611.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, sacks/lbs. Row 1: 8, 350, 611, Material, , , , , .

How was seal placed: Method [] A [] B [] C [] D [] E
[X] Other Did Not Disturb
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 Stil Plstc Wld Thrd
Shoe [] Inside [] Outside [] Other Location of shoe(s)
Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS
Perforations Method Machine
Screens Type Material
Perf/S Casing/ Screen
reen Liner Dia From To Scrm/slot Slot # of Tele/
width length slots pipe size

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

Temperature 72 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below)
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County Crook Twp 15.00 S N/S Range 16.00 E E/W WM
Sec 21 SW 1/4 of the SW 1/4 Tax Lot 807
Tax Map Number Lot
Lat 440 14 50.000" or 440.2472222 DMS or DD
Long -120 48 48.000" or -120.8133333 DMS or DD
[] Street address of well [X] Nearest address

MP 3 JUNIPER CANYON RD

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Predeepening 07-15-2010 200
Completed Well 07-19-2010 143
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES
Depth water was first found 350
SWL Date From To Est Flow SWL(psi) + SWL(ft)
07-15-2010 350 365 5 200
07-15-2010 500 611 7 143

(11) WELL LOG
Ground Elevation 3,480
Material From To
Cave In Siltstone Broken Brown 350 365
Siltstone Brown 365 390
Siltstone Gray 390 570
Siltstone Gray Fractured Layers 570 611

Date Started 07-15-2010 Completed 07-16-2010

(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 1831 Date 07-21-2010
Electronically Filed
Signed ALLEN R PECK (E-filed)

(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 1720 Date 07-21-2010
Electronically Filed
Signed JACK ABBAS (E-filed)
Contact Info (optional)

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STATE OF OREGON
WATER SUPPLY WELL REPORT (as required by ORS 537.765)
WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 3200
START CARD # 103936

(1) OWNER: Name Mark Fleming Well Number 588
cont.

Address 2211 SE Morning Side
City Doreville State Oreg. Zip 97154

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

How was seal placed: Method A B C D E
 Other

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<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"/>	<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"/>

Liner: 6 -10 400

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Facility
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>280</u>	<u>400</u>	<u>3x8</u>	<u>1440</u>			<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"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____

Temperature of water 56 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Clatsop Latitude _____ Longitude _____
Township 15 N or S Range 16 E or W. WM.
Section 21 SW 1/4 SW 1/4
Tax Lot 807 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
276 ft. below land surface. Date 9-7-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which the water first found _____

From	To	Estimated Flow Rate	SWL

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WATER RESOURCES DEPT. SALEM, OREGON
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(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL

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WATER RESOURCES DEPT. SALEM, OREGON

Date started 8-4-99 Completed 9-1-99

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.

Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.

Signed Donald M. [Signature] WWC Number 584
Date 9-20-99

Well Log Query Results

Well Tag Nbr: 01460

Well Log	T-R-S/ QQ-Q	Taxlot	Street of Well	Owner	Company	Special Standards	Well Type	First Water	Completed Depth	Static Water Level	Yield	Completed Date	Received Date	Bonded Constructor	Startcard	Well Id #	New	Abandon	Deepen	Alteration	Conversion	Domestic	Irrigation
<u>CROO_50209</u>	15.00S-16.00E-21 SW-SW	807	SOUTH JERRY DR	FLEMMING, MARK 221 SE MORNINGSIDE PRINEVILLE OR 97754			W	370.00	600.00	240.0	30.0	09/05/1996	01/10/1997	MAPHET, DARRELL MAPHET WELL DRILLING AND PUMP	87899	1460	✓						✓
<u>CROO_51131</u>	15.00S-16.00E-21 SW-SW	807	S JERRY DR	FLEMMING, MARK 2211 SE MORNING SIDE PRINEVILLE OR 97754		✓	W			240.0	5.0	07/02/1999	09/24/1999	MAPHET, DARRELL MAPHET WELL DRILLING AND PUMP	103927	1460				✓			

[Download Data](#)
[Return to Well Log Query](#)

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 SALEM, OREGON

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STATE OF OREGON WATER RESOURCES DEPT.
 WATER SUPPLY WELL REPORT SALEM, OREGON
 (as required by ORS 537.765)

CROOK
50209

(START CARD) # 87899

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number 802
 Name Mark Flemming
 Address 2211 SE Morning Side
 City Prineville State OR Zip 977254

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 600 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
<u>12"</u>	<u>0</u>	<u>Bentonite</u>	<u>0</u>	<u>18 1/2</u>	<u>19</u>
<u>8"</u>	<u>18 1/2</u>	<u>600</u>			

How was seal placed: Method A B C D E
 Other poured in Dry

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From To	Gauge	Steel	Plastic	Welded	Threaded
<u>8"</u>	<u>+1/2</u>	<u>18 1/2</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Material	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Time
<u>30</u>	<u>unknown</u>	<u>600</u>	<u>1 hr.</u>

Temperature of water 58° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Crook Latitude _____ Longitude _____
 Township 15 N or S Range 16 E or W. WM.
 Section 21 SW 1/4 SW 1/4
 Tax Lot 807 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) South Jerry Drive

(10) STATIC WATER LEVEL:
240 ft. below land surface. Date 9/5/96
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 370

From	To	Estimated Flow Rate	SWL
<u>370</u>	<u>600</u>	<u>30</u>	<u>240</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>2</u>	
<u>Hard Black Basalt</u>	<u>2</u>	<u>51</u>	
<u>Hard Brown Clay Stone</u>	<u>51</u>	<u>68</u>	
<u>Hard Brown Clay Stone w/ SOFT</u>	<u>68</u>	<u>78</u>	
<u>Rock Seams Black</u>			
<u>Hard Brown clay Stone</u>	<u>78</u>	<u>184</u>	
<u>Hard Brown clay Stone w/soft</u>	<u>184</u>	<u>270</u>	<u>240</u>
<u>Black Rock seams</u>			
<u>Hard Black Basalt w/soft Brown Rock</u>	<u>270</u>	<u>298</u>	
<u>Hard Black Basalt w/Hard Brown clay</u>	<u>298</u>	<u>372</u>	
<u>Stone</u>			
<u>Hard Brownish Green clay Stone</u>	<u>372</u>	<u>425</u>	
<u>Hard Brown Sand Stone</u>	<u>425</u>	<u>478</u>	
<u>Hard Dark Green clay Stone</u>	<u>478</u>	<u>580</u>	
<u>Hard Dark Green clay Stone w/</u>	<u>580</u>	<u>600</u>	
<u>SOFT Brown Rock Seams</u>			

Date started 9/4/96 Completed 9/5/96

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, 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.

Signed David McElhenny WWC Number 1583
 Date 9/5/96

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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.

Signed Danny M. Maffei WWC Number 584
 Date 10-1-96

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STATE OF OREGON
WATER SUPPLY WELL WATER RESOURCES DEPT.
(as required by ORS 537.765) SALEM, OREGON

WELL I.D. # L 0 1460
START CARD # 103927

Instructions for completing this report are on the last page of this form.

(1) OWNER:

Well Number 8802

Name Mark Fleming
Address 2211 SE Mearns side
City Rainier State OR Zip 97254

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

How was seal placed: Method A B C D E
 Other

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	6	-10	440	195	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Fezury
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
200	440	3/4	280			<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Bailor	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Time
5	NO		1 hr.

Temperature of water 56 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other
Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County CLATSOP Latitude _____ Longitude _____
Township 15 N or S Range 16 E or W. WM.
Section 21 SW 1/4 SW 1/4
Tax Lot 807 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) South Terry Drive

(10) STATIC WATER LEVEL:

240 ft. below land surface. Date 7-2-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Material	From	To	SWL

Date started 6-3-99 Completed 7-2-99

(unbonded) Water Well-Constructor Certification:

I certify that the work I performed on the construction, 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.

Signed _____ Date _____ WWC Number _____

(bonded) Water Well-Constructor Certification:

I accept responsibility for the construction, 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.

Signed _____ Date 9-20-99 WWC Number _____

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WATER RESOURCES DEPT
SALEM, OREGON

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STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

(START CARD) # 71873

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number 742
Name Marie Flemming
Address 6072 S Davis 100P
City Philippi State OR Zip 97254

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 420 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	28 1/2	Benmita	0	20	9
8	28 1/2	420	ZCA cement	20	28 1/2	12

How was seal placed: Method A B C D E
 Other

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 8	4 1/2	18 1/2	25.6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations		Screens		Material		Casing	Liner
From	To	Slot size	Number	Slot size	Number		
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 25 Drawdown 4.2 KRWY Drill stem at 420 Time 1 hr.

Temperature of water 68 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Crook Latitude _____ Longitude _____
Township 15 N or S Range 16 E or W. WM.
Section 21 1/4 1/4
Tax Lot 907 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) JANIPLEX CAYON RD.

(10) STATIC WATER LEVEL:
187 ft. below land surface. Date 5-18-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 220

From	To	Estimated Flow Rate	SWL
220	420	25	187

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Sandy Top Soil	0	2	
Broken Rock Sandstone	2	16	
Brown Sandstone	16	202	
Brown Rock	202	218	
Brown Sandstone	218	351	
Brown clay	351	396	
Blue gray clay	396	420	

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JUN 30 2011
WATER RESOURCES DEPT
SALEM, OREGON
ADDED TO FILE
AUG 23 1995
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 5-16-95 Completed 5-17-95

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.
Signed Daniel Maphu WWC Number 584 Date 5-20-95



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

RECEIVED

MAR 14 2011

WATER RESOURCES DEPT
SALEM, OREGON

Do not complete if the well already has a Well I.D Number.

I. OWNER INFORMATION

Current Owner Name (please print): Mark W Fleming & Jaunita M Fleming
Mailing Address: 4777 NW Lamonta Rd
City: Prineville State: OR Zip: 97754
Mailing Address (to send Well I.D.): 4777 NW Lamonta Rd
City: Prineville State: OR Zip: 97754

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 15 South (North/South) Range: 16 East (East/West) Section: 21 D
Tax Lot: 1600 County: Crook SW 1/4 SE 1/4
Street Address of Well: 5980 SE Jerry Dr City: Prineville
Owner at time the well was constructed, (if known): Mark Flemming
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Community well
Date Well Constructed: 5/17/1995 Total Well Depth: 420 Ft Casing Diameter: 8"
Other Information: This well serves Certificate 85101 & Permit G-13439.

SUBMITTED BY (please print): Jeremy Giffin (District 11 Watermaster)
PHONE: (541) 388-6669 FAX: (541) 388-5101

GPS Location - 44.24746 N -120.81435 W

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

For Official Use Only by the Oregon Water Resources Department:
Received Date: Well Log Number: Crook 3232 Well Identification #: L-94625

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

07-21-2010

WELL LABEL # L 101170

START CARD # 1010650

(1) LAND OWNER Owner Well I.D.

First Name DORTHY Last Name WILLS
Company HIGH DESERT WATER DISTRICT
Address 4488 SE JERRY DR
City PRINEVILLE State OR Zip 97754

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

(3) DRILL METHOD
Rotary Air [x] 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 611.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, lbs. Row 1: 8, 350, 611, [], [], [], [], []

How was seal placed: Method [] A [] B [] C [] D [] E

[x] Other Did Not Disturb

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, Stl, Plstc, Wld, Thrd. Row 1: [x], [x], 6, 5, 611, .188, [x], [x], [x], [x]

Shoe [] Inside [] Outside [] Other [] Location of shoe(s) []

Temp casing [] Yes Dia [] From [] To []

(7) PERFORATIONS/SCREENS

Perforations Method Machine
Screens Type [] Material []

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size. Row 1: Perf, Liner, 6, 571, 591, .125, 3, 228

(8) WELL TESTS: Minimum testing time is 1 hour

[] Pump [] Bailer [x] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 12, [], 611, 1

Temperature 77 °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 Crook Twp 15.00 S N/S Range 16.00 E E/W WM
Sec 21 SW 1/4 of the SW 1/4 Tax Lot 807
Tax Map Number [] Lot []
Lat 440° 14' 50.000" or 440.2472222 DMS or DD
Long -120° 48' 48.000" or -120.8133333 DMS or DD
Street address of well [] Nearest address []

MP 3 JUNIPER CANYON RD

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Row 1: Existing Well / Predeepening, 07-15-2010, [], 200

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 350

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 07-15-2010, 350, 365, 5, 200

(11) WELL LOG

Ground Elevation 3,480

Table with columns: Material, From, To. Row 1: Cave In Siltstone Broken Brown, 350, 365

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ADDED TO FILE [Signature]

Date Started 07-15-2010 Completed 07-16-2010

(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.

License Number 1831 Date 07-21-2010
Electronically Filed
Signed ALLEN R PECK (E-filed)

(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.

License Number 1720 Date 07-21-2010
Electronically Filed
Signed JACK ABBAS (E-filed)
Contact Info (optional)

CR00
51134

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T 11268

SEP 24 1999

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # 32000
START CARD # 103936

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number 588
Name Mark Fleming cont.
Address 2211 SE Morning Side
City Prineville State Oreg. Zip 97134
(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well _____ ft.
Explosives used Yes No Type _____ Amount _____
HOLE SEAL
Diameter From To Material From To Sacks or pounds

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:
Diameter From To Gauge Steel Plastic Welded Threaded
Casing: _____
Liner: 6 -10 400

Final location of shoe(s) _____
(7) PERFORATIONS/SCREENS:
 Perforations Method Feeler
 Screens Type _____ Material _____
From To Slot size Number Diameter Tels/pipe size Casing Liner
280 400 3x8 1440 _____ _____

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
5 NO _____ 1 hr.
Temperature of water 56 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County 21001 Latitude _____ Longitude _____
Township 15 N or (S) Range 16 E or W. WM.
Section 21 SW 1/4 SW 1/4
Tax Lot 807 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
276 ft. below land surface. Date 9-1-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found _____
From Estimated Flow Rate SWL
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WATER RESOURCES DEPT. SALEM, OREGON
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(12) WELL LOG:
Ground Elevation _____
Material From To SWL
RECEIVED
JAN 06 2000
WATER RESOURCES DEPT. SALEM, OREGON

Date started 8-4-99 Completed 9-1-99
(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.
Signed Donald M. [Signature] WWC Number 584 Date 9-20-99