

on tax roll 40 Mark Fleming 1995
15 16 00 807

Amended well Report

ISS/ISE/21CC
(START CARD) # 34377

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

CROO
319

(1) OWNER: Well Number: _____
Name Mark Fleming
Address 365 96 Cedar Hills Ln.
City Pleasant Hill State Oreg Zip 97455

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 400 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
12	0 30	Cement	0 30	16
8	30 400			

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	Steel		Plastic		Welded		Threaded	
					Yes	No	Yes	No	Yes	No	Yes	No
Casing:	8	12	30	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Artesian
Yield gal/min 30 Drawdown Comp. Drill stem at 400 Time 1 hr.

Temperature of water 53 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 Clack Latitude _____ Longitude _____
Township 15 N or S Range 16 (E or W, W.M.)
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 8-14-91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 276

From	To	Estimated Flow Rate	SWL
276	278	6	276
310	520	24	276

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil	0	1	
Boulders and sand	1	4	
Layered zone	4	61	
Sand Stone BROWN	61	162	
Brown clay	162	184	
Brown Sand Stone	184	294	276
Brown lava	294	321	276
Brown clay stone	321	328	
Brown Sand Stone	328	400	

RECEIVED

NOV - 7 1995

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 8-9-91 Completed 8-14-91

(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 well constructor standards. Materials used and information reported above are true to my best knowledge and belief.
Signed Dan H. Hapler 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 well construction standards. This report is true to the best of my knowledge and belief.
Signed Dan H. Hapler WWC Number _____ Date 8-16-91

Rec'd 10-29-91 WDH#11

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.785)

CROO
3191

RECEIVED

OCT 17 1991 (START CARD) # **155/15E/21CC**
34377

(1) OWNER: Name Mark Fleming
 Address 36596 Cedar Hills Ln.
 City Pleasant Hill State Oreg Zip 97455

Well Number: WATER RESOURCES DEPT
 COUNTY CLATSOP Latitude _____ Longitude _____
 Township 15 North Range 15 Section 21 SW 1/4 SW 1/4
 Tax Lot 807 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(2) TYPE OF WORK:
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8	30	400				

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Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of sheets: _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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"/>

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Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
30	Comp.	400	1 hr.

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Concrete Core	4	61	
Sand Stone Brown	61	162	
Brown Clay	162	184	
Brown Sand Stone	184	294	276
Brown Sand	294	321	276
Brown clay stone	321	329	
Brown Sand Stone	329	400	

Date started 8-9-91 Completed 9-14-91

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed Dan M. Moflet WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
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 Signed Dan M. Moflet WWC Number _____ Date 8-16-91