

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

Croo
3232

CROO 3232

1551168121

(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 loop
City Philippi State OR Zip 97754

(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 420ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	28 1/2	Benignite	0	20	9
8	28 1/2	420	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	Steel	Plastic	Welded	Threaded
Casing: 8	1 1/2	19 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	Casing	Liner
					Tele/pipe size	<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Artesian
Yield gal/min 23 Drawdown 420 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 Clatsop 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) JANIPPEY 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	23	187

(12) WELL LOG:
Ground Elevation _____

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

RECEIVED

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.
WVC Number _____
Signed _____ 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.
WVC Number 584
Signed Dan Maphu 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