

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 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 600 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

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

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
8"	7 1/2	18 1/2	250	<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"/>

Liner: \_\_\_\_\_

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	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

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

Temperature of water 50° 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
370	600	30	240

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

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

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 M. Lichting WWC Number 1883 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. Maffett WWC Number 584 Date 10-1-96