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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 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 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 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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>6</u>	<u>-10</u>	<u>400</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method Factory
 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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 5 Drawdown No Drill stem at Time 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)

(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	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation

Material	From	To	SWL

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