

(as required by ORS 537.765)

WELL I.D. # L 45281
START CARD # 133593

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

Well Number

Name Clayton Hing
Address PO Box 768
City Cranford State _____

☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other _____

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

Special Construction approval ☐ Yes ☐ No Depth of Completed Well 420 ft
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
19"	0	29	Benton	0	29	45 SACK
14"	29	220				
8"	220	420				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other 3/8" Hole Plug Poured

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

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	14"	+3	24	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None
Final location of shoe(s) _____

☐ Perforations Method _____

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

150 gal		240	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: _____

County Lane Latitude _____ Longitude _____
Township 27 N or S Range 32 E or W. WM.
Section 12 SE 1/4 SE 1/4
Tax Lot 1401 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

126 ft. below land surface. Date 9-28-00
Artesian pressure _____ lb. per square inch Date _____

Depth at which water was first found

From	To	Estimated Flow Rate	SWL
240	240 1/2	100 150 gpm	126'

Ground Elevation _____

Material	From	To	SWL
Brown Soil	0	3	
Brown Sand & Stove Clay	3	39	
Gray Sand & Stove Clay	39	46	
Loess, C	40	215	
Total Rock	215	420	
3' sum was			
LIFT in bottom			
hole			
RECEIVED			
OCT 26 2000			
WATER RESOURCES DEPT.			
SALEM, OREGON			
		WATER RESOURCES DEPT.	
		SALEM, OREGON	
		APR 11 2001	

Date started 8-30-00 Completed 9-28-00

(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 Theresa L. [Signature] WWC Number _____ Date 10-17-08