

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

YAMHILL
1930

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3s/4w/13dc

NOV 19 1992

(START CARD) # 49184

(1) OWNER:

Well Number _____
 Name FLETCHER MARTIN
 Address 11951 FINN HILL LOOP
 City CARLTON State OR Zip 97111

(9) LOCATION OF WELL by legal description:

County YAMHILL Latitude _____ Longitude _____
 Township 3S N or S. Range 4W E or W. WM. _____
 Section 13 SW 1/4 SE 1/4
 Tax Lot 500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 11950 Finn Hill
Carlton, OR

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	150	Cem/Ge1	0	150	28 sks.
6-3/4	150	350				

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: 6	+1	150	SDR21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4	-13	350	PVC160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Drilled
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
280	350		140	1/2"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing
 Artesian

Yield gal/min	Drawdown	Drill stem at	Time
5		350	1 hr.

Temperature of Water 54 F 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: _____

(10) STATIC WATER LEVEL:

100 ft. below land surface. Date 11/16/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 209

From	To	Estimated Flow Rate	SWL
209	338	5 gpm	100

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Topsoil	0	1	
Brown clay	1	3	
Sticky red-brown clay	3	14	
Firm dark brown clay	14	18	
Firm gray claystone w/brown & black interbeds	18	69	
Soft lt. gray sandy claystone	69	74	
Firm red-brown claystone	74	77	
Soft lt. brown silty clay	77	112	
Soft lt. gray sandy claystone	112	144	
Hard gray sandstone	144	145	
Soft gray sandstone	145	149	
Firm gray sandstone	149	350	

Date started 11/09/92 Completed 11/18/92

(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.

WWC 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1266
 Signed J.R. [Signature] Date 11/17/92

YAMH 1930



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

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Do not complete if the well already has a Well I.D Number.

JAN 15 2013

I. OWNER INFORMATION

SALEM, OR

Current Owner Name (please print): Earl D Lumpkins aka Timble & Thyme LLC
Mailing Address: 33410 NE Old Parrett Mountain Rd
City: Newberg State: OR Zip: 97132
Mailing Address (to send Well I.D.): Same as current owner address
City: _____ State: _____ Zip: _____

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 3S (North/South) Range: 4W (East/West) Section: 13
Tax Lot: 500 County: Yamhill South 1/4 1/4
Street Address of Well: 11951 NE Finn Hill Loop City: Carlton
Owner at time the well was constructed, (if known): Fletcher Martin
If the property had a different street address in the past: N/A

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): irrigation
Date Well Constructed: 1992 Total Well Depth: 350 Feet Casing Diameter: 6 inch
Other Information: Current Permit G16813

SUBMITTED BY (please print): Earl D Lumpkins
PHONE: 503-538-3570 FAX: _____

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:

1-15-13

Well Log Number:

YAMH 1930

Well Identification #:

L111214