

#1

UMAT 57044

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 109650

START CARD # 206577

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

1) LAND OWNER

Owner Well I.D. _____

First Name Randy Last Name Rupp
Company Rupp Ranches
Address 176 Kpanichewnd St
City Robledo State Wt Zip 77352

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE

Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)

Depth of Completed Well 820 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
27	0	110	Benforts	0	110		7040
20	110	820	Concast	0	734		24yds
15	805	820					

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csg#	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		20	-	110		.375	✓		✓	
✓		16	+	734		.375	✓		✓	

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____

Perf	Scrn	Csg#	Linr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Temperature _____ °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Umatilla Twp 5 N or S Range 30 E or W W.M.
Sec 15 SW 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) Juniper Rd
Herniston Oregon

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>6-29-12</u>			<u>517</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>6-7-12</u>	<u>133</u>	<u>147</u>				<u>121</u>
<u>6-11-12</u>	<u>382</u>	<u>597</u>				<u>121</u>
<u>1-15-12</u>	<u>370</u>	<u>605</u>				<u>360</u>
<u>6-29-12</u>	<u>770</u>	<u>405</u>				<u>517</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
Sand	0	5
Silty sand	5	60
Silty sand with gravel	60	62
Silty sand	62	707
Broken brown basalt	107	110
Broken brown + black basalt	110	133
Soft reddish brown basalt	133	147
Broken brown	147	214
Medium hard black basalt	214	226
Soft broken brown	226	320
Hard black basalt	320	326
Reddish brown soft	326	345
Hard black basalt	345	361
Soft black with green	361	370
Med hard brown + black	370	385
Hard black	385	436

Date Started 5-25-12 Completed 6-29-12

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. The information reported above are true to the best of my knowledge and belief.

License Number JUL 16 2012 Date _____

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1906 Date 7-9-12

Signed Daniel
Contact Info. (optional) _____

UMAT 57044

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 1081050
 START CARD # 200577

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

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well _____ ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csg/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

Shoe Inside Outside Other Location of shoe(s) _____

Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____

Perf	Sern	Csg	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Temperature _____ °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Washtenaw Twp 5 N or S Range 30 E or W W.M.
 Sec 15 SW 1/4 of the NE 1/4 Tax Lot _____
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL

Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening			
Completed Well			

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

(11) WELL LOG Ground Elevation _____

Material	From	To
Soft black + green	436	570
Med hard brown + black	570	592
Soft broken brown	592	597
Hard black	597	620
Hard Gray	620	790
Dark brown broken brown	790	905
Hard black	905	820

RECEIVED BY OWRD

 APR 25 2013

 SALEM, OR

Date Started _____ Completed _____

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, 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.

RECEIVED BY OWRD

License Number _____ Date _____
 Signed JUL 16 2012

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, 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.

License Number _____ Date _____
 Signed _____
 Contact Info. (optional) _____

T011586

#1

UMAT 57044

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

UMAT 57044

WELL LABEL # L 109150
1016763
START CARD # 7

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

1) LAND OWNER Owner Well I.D. _____
First Name Randy Last Name Rupp
Company Rupp Ranches
Address 176 Ranichmond St
City Richland State Wt Zip 97352

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
Depth of Completed Well 820 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
27	0	110	Benbark	0	110		7040
20	110	820	Concret	0	734		24yds
15	205	820					

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓	20	-	1	110	.375	✓		✓	
✓	16	+	2	734	.375	✓		✓	

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/Slot Width	Slot Length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 2000 Drawdown _____ Drill stem/Pump depth _____ Duration (hr) 2

Temperature 90 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Umatilla Twp 5 N or S Range 30 E or W W.M.
Sec 15 SW 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) Juniper Rd
Herniston Oregon

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>6-29-12</u>			<u>517</u>

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 121

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>6-7-12</u>	<u>133</u>	<u>147</u>	<u>20</u>			<u>121</u>
<u>6-11-12</u>	<u>582</u>	<u>597</u>	<u>400</u>			<u>121</u>
<u>1-15-12</u>	<u>390</u>	<u>605</u>	<u>2600</u>			<u>360</u>
<u>6-29-12</u>	<u>770</u>	<u>905</u>	<u>4000</u>			<u>517</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
Soils	0	5
Silty sand	5	60
Silty sand with gravel	60	62
Silty sand	62	707
Broken brown basalt	107	110
Broken brown + black basalt	110	133
Soft reddish brown basalt	133	147
Broken brown	147	214
Medium hard black basalt	214	226
Soft broken brown	226	320
Hard black basalt	320	326
Reddish brown soft	326	345
Hard black basalt	345	361
Soft black with green	361	370
Med hard brown + black	370	385
Hard black	385	436

Date Started 5-25-12 Completed 6-29-12

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. The data and information reported above are true to the best of my knowledge and belief.

License Number JUL 16 2012 Date _____
Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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.

License Number 1906 Date 7-9-12
Signed Daniel
Contact Info. (optional) _____

1011586

#2

UMAT 57042

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 108634

START CARD # 1015305

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

1) LAND OWNER

Owner Well I.D. _____
 First Name Randy Last Name Rupp
 Company Rupp Ranches
 Address 176 Ranchwood St.
 City Richland State WA Zip 99352

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE

Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard: Yes (attach copy)
 Depth of Completed Well _____ ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
20	0	135	concret	0	560	27 yards	

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Lintr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		16	f	2	560	.375	✓		✓	

Shoe Inside Outside Other Location of shoe(s) _____

Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf	Scrn	Csng	Lintr	Screen Dia	From	To	Screen width	Slot length	# of slots	Tube size

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Temperature _____ °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Umatilla Twp 5 or S Range 30 E W.W.M.
 Sec 14 SW 1/4 of the NE 1/4 Tax Lot _____
 Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) Juniper Rd Acornista OR

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
10-5-11	0	275				190
10-10-11	275	360				190
10-20-11	360	441				197

(11) WELL LOG

Ground Elevation _____

Material	From	To
Sand	0	7
Brown clay	7	133
Broken brown basalt	133	165
Small gravel	165	177
Fractured black basalt	177	193
Medium hard black basalt	193	248
Soft green clay + black basalt	248	277
Soft black basalt	277	299
Hard grey basalt	299	330
Porous black basalt	330	361
Soft grey basalt	361	366
Soft black basalt	366	373
Medium hard black basalt	373	377
Very hard black basalt	377	437
Green Clay	437	441
Soft fractured black basalt	441	448

Date Started 10-3-11 Completed 11-20-11

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and construction reported above are true to the best of my knowledge and belief.

License Number _____ Date JUL 16 2012

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1906 Date 11-25-11

Signed Dan Smith

Contact Info. (optional) _____

1011586

UMAT 57042

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 108634
 START CARD # 1015305

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

(1) LAND OWNER Owner Well I.D. _____
 First Name Randy Last Name Rupp
 Company Rupp Ranches
 Address 176 Kinnickinnick St
 City Richland State W.Va. Zip 99352

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well _____ ft.

BORE HOLE			SEAL				Amount	Scks/lbs
Dia	From	To	Material	From	To			

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

Shoe Inside Outside Other Location of shoe(s) _____

Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____

Perf	Scm	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Temperature _____ °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Linn Twp 5 N Range 30 E or W W.M.
 Sec 14 SW 1/4 of the 16 1/4 Tax Lot _____
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

(11) WELL LOG Ground Elevation _____

Material	From	To
Hard black basalt	444	471
Porous black + green clay	471	584
Medium hard black basalt	584	531
Soft black basalt with fine green	531	561
Hard black basalt	561	592
Soft porous black basalt	592	595
Porous light brown basalt	595	615
Fractured black basalt	615	617
Hard grey basalt	617	635

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 APP 25 2013
 SALEM, OR
 Date Started _____ Completed _____

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, 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.

Date JUL 16 2012
 License Number _____ Date _____
 Signed _____ SALEM, OR

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, 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.

License Number _____ Date _____
 Signed _____
 Contact Info. (optional) _____

1011586

UMAT 57042

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 108634

START CARD # 1015305

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

(1) LAND OWNER Owner Well I.D. _____
 First Name Randy Last Name Rupp
 Company Rupp Ranches
 Address 176 Ranchwood St.
 City Richland State WA Zip 99352

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well 635 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
20	0	135	concr	0	580	27 yds	
20	580	635	open hole				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		16	+	2	580	.375	✓		✓	

Shoe Inside Outside Other Location of shoe(s) _____
 Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____

Perf	Scrn	Casing	Liner	Screen Dia	From	To	slot width	Slot length	# of slots	pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
2000			2

Temperature 72 °F Lab analysis Yes No
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Umatilla Twp 5 N or S Range 30 E or W W.M.
 Sec 14 SW 1/4 of the NE 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) Jupiter Rd Astoria OR

(10) STATIC WATER LEVEL

Existing Well/Predeepening	Date	SWL (psi)	+	SWL (ft)
Completed Well	11-20-11			167

Flowing Artesian? Yes Dry Hole? Yes
 WATER BEARING ZONES Depth water was first found 190

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
10-5-11	0	275	40			190
10-10-11	275	360	150			190
10-20-11	360	445	50			197

(11) WELL LOG Ground Elevation _____

Material	From	To
Sand	0	7
Brown clay	7	133
Broken brown basalt	133	165
Small gravel	165	177
Fractured black basalt	177	193
Medium hard black basalt	193	248
Soft green clay + black basalt	248	277
Black black basalt	277	297
Hard grey basalt	297	330
Porous black basalt	330	361
Soft grey basalt	361	366
Soft black basalt	366	373
Medium hard black basalt	373	392
Very hard black basalt	392	437
Green clay	437	441
Soft fractured black basalt	441	448

Date Started 10-3-11 Completed 11-25-11

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and methods reported above are true to the best of my knowledge and belief.

License Number _____ Date 11-16-2012

Signed _____
 SALEM, OR

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, 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.

License Number 1906 Date 11-25-11

Signed Dennis
 Contact Info. (optional)

#3

UMAT 57041

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 108633
START CARD # 1015181

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

(1) LAND OWNER Owner Well I.D. _____
First Name Randy Last Name Rupp
Company Rupp Ranches
Address 176 Krausichwood St
City Richland State WA Zip 99352

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
Depth of Completed Well 552 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Soks/lbs
20	0	540	casent	0	494	21yds	
16	540	552					

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		16	+	2	494	.375	✓		✓	

Shoe Inside Outside Other Location of shoe(s) _____

Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Slot width	Slot length	# of slots	# of pipe size

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APR 25 2013

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

Pump Bailor Air Flowing Artesian

Yield gal/min _____ Drawdown _____ Drill stem/Pump depth _____ Duration (hr) _____

Temperature _____ °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Umatilla Twp 5 or S Range 30 or W W.M.
Sec 13 5E 1/4 of the NW 1/4 Tax Lot _____
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) Scupper Rd Hamiston

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
10-27-11	6	285				178
10-31-11	285	485				178
11-1-11	485	522				179

(11) WELL LOG Ground Elevation _____

Material	From	To
Sand	0	5
Silty Sand	5	22
Silty Brown Sand reddish dk	22	38
Brown silt with gravel	38	102
Brown brown basalt	102	191
Medium hard black basalt	191	202
Soft Brown brown	202	206
Finest black	206	214
Hard black basalt	214	247
Soft brown + black basalt	247	270
Hard black basalt	270	332
Silt black with green clay	332	341
Hard black basalt	341	350
Soft brown basalt	350	361
Hard black basalt	361	391
Soft brown + black basalt	391	392

Date Started 10-21-11 Completed 12-6-11

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used are in compliance with Oregon standards to the best of my knowledge and belief.

License Number _____ Date JUL 16 2012

Signed _____

(bonded) Water Well Constructor Certification **SALEM, OR**

I accept responsibility for the construction, deepening, 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.

License Number 1906 Date 12-10-11

Signed [Signature]

Contact Info. (optional) _____

1011586

UMAT 57041

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 108633

START CARD # 1015181

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

1) LAND OWNER Owner Well I.D. _____

First Name Randy Last Name Krupp
 Company Rupp Ranches
 Address 176 Kiri Church St.
 City Richland State WA Zip 99352

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well _____ ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount Scks/lbs

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

Shoe Inside Outside Other Location of shoe(s) _____

Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

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

Pump Bailer Air Flowing Artesian

Yield gal/min _____ Drawdown _____ Drill stem/Pump depth _____ Duration (hr) _____

Temperature _____ °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Wasco Twp 5 S Range 30 E W.M.

Sec 13 SE 1/4 of the NW 1/4 Tax Lot _____

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) Juniper Rd Hennaista

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

(11) WELL LOG

Ground Elevation _____

Material	From	To
Soft brownish black with green clay	372	418
Soft brown black basalt	418	440
Very hard black basalt	440	444
Soft black with green clay	444	453
Hard black basalt	453	469
Soft black with green clay	469	491
Hard black basalt	491	501
Soft black basalt	501	510
Porous brown basalt	510	532
Hard black basalt	532	552

RECEIVED BY OWRD

APR 25 2013

Date Started SALEM, OR Completed _____

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and methods of construction are true to the best of my knowledge and belief.

License Number _____ Date JUL 16 2012

Signed _____

(bonded) Water Well Constructor Certification

SALEM, OR

I accept responsibility for the construction, deepening, 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.

License Number _____ Date _____

Signed _____

Contact Info. (optional) _____

1011585

#3

UMAT 57041

UMAT 57041

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 108633

START CARD # 1015181

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

(1) LAND OWNER Owner Well I.D. _____
 First Name Randy Last Name Rupp
 Company Rupp Ranches
 Address 176 Ruppichwood St.
 City Richland State WA Zip 99352

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well 552 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
20	0	540	concrete	0	494	27yds	
16	540	552	open hole				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		16	+	2	494	375	✓		✓	

Shoe Inside Outside Other Location of shoe(s) _____
 Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____

RECEIVED BY OWRD

Perf	Scrn	Casing	Linr	Screen	From	To	slot	Slot	# of	pipe
				Dia			width	length	slots	size
								2.5	2012	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
4000			2

Temperature 72 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount
			13 units

(9) LOCATION OF WELL (legal description)
 County Umatilla Twp 5 or S Range 30 or W.W.M.
 Sec 13 5P 1/4 of the NW 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) Juniper Rd Hamiston

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	12-6-11			179

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 174

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
10-27-11	0	245	25			174
10-31-11	285	485	100			174
11-1-11	485	522	4000			179

(11) WELL LOG Ground Elevation _____

Material	From	To
Sand	0	5
Silty sand	5	22
Silty Brown sand redish dirt	22	38
Brown silt with gravel	38	102
Medium brown basalt	102	191
Medium hard black basalt	191	202
Soft brown brown	202	206
Fractured black	206	214
Hard black basalt	214	247
Soft brown + black basalt	247	270
Hard black basalt	270	332
Soft black with green clay	332	341
Hard black basalt	341	350
Soft brown basalt	350	361
Hard black basalt	361	391
Soft brown + black basalt	391	392

Date Started 10-21-11 Completed 12-6-11

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used were in accordance with applicable codes to the best of my knowledge and belief.

License Number _____ Date JUL 16 2012
 Signed _____

(bonded) Water Well Constructor Certification SALEM, OR
 I accept responsibility for the construction, deepening, 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.

License Number 1906 Date 12-10-11
 Signed _____
 Contact Info. (optional) _____

1011586

#4

UMAT 57043

Elev. \approx 1043'

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 108632

START CARD # 1015601

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

1) LAND OWNER Owner Well I.D. _____
First Name Randy Last Name Rupp
Company Rupp Ranches
Address 1701 Kramwood St
City Kemmerich State WA Zip 99352

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
Depth of Completed Well 990 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
20	0	810	concent grout	0	700	24 yards	
16	810	990					

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csg/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓	16	2	700		.575			✓	

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

Perf	Scm	Csg	Linr	Screen Dia	From	To	Screen/width	length	slots	Tele/size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Temperature _____ °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Washita Twp 5.00 or S Range 31.00 or W W.M.
Sec 7 44SW 1/4 of the SW 1/4 Tax Lot _____
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL

Existing Well/Predeepening	Date	SWL (psi)	+ SWL (ft)
Completed Well	4-20-12		572

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
12-21-11	166	189	50		166
12-25-11	635	655	1000		166
4-18-12	930	975	3000		572

(11) WELL LOG Ground Elevation _____

Material	From	To
Sand	0	22
Broken brown basalt	22	77
Hard black basalt	77	102
Soft brown basalt	102	138
Hard black basalt	138	161
Soft porous rock	161	189
Med hard fractured basalt	189	200
Very hard black basalt	200	244
Soft brown + black with green	244	360
Hard black	360	368
Soft black porous basalt	368	412
Hard black basalt	412	436
Soft brown basalt	436	471
Hard black basalt	471	480
Soft brown basalt	480	527
Hard black basalt	527	635

Date Started 12-11-11 Completed 4-19-12

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported are to the best of my knowledge and belief.

License Number 1 Date JUL 16 2012
Signed _____

(bonded) Water Well Constructor Certification SALEM, OR
I accept responsibility for the construction, deepening, 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.

License Number 1906 Date 4-22-12
Signed Daniel Smith
Contact Info. (optional) _____

1011586

UMAT 57043

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 109632
 START CARD # 1015601

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

(1) LAND OWNER Owner Well I.D. _____

First Name _____ Last Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well _____ ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csg/Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

Shoe Inside Outside Other Location of shoe(s) _____
 Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

Perf	Scrn	Csg	Lnr	Screen Dia	From	To	Screen width	Screen length	Perf slots	Tele/size

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Temperature _____ °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County _____ Twp _____ N or S Range _____ E or W W.M.
 Sec _____ 1/4 of the _____ 1/4 Tax Lot _____
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well/Predeepening				
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

(11) WELL LOG Ground Elevation _____

Material	From	To
Soft Purpus broken brown	635	655
Medium hard black basalt	655	744
Soft black	744	772
Soft purpus red basalt	772	776
Soft black	776	791
Hard black with quartz	791	820
Greenish brown chert	820	839
Black Purpus basalt	839	845
Soft fractured black	845	879
Medium hard grey basalt	879	930
Soft grey with green	930	975
Hard black basalt	975	990

Date Started _____ Completed _____

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are to the best of my knowledge and belief.

License Number _____ Date JUL 16 2012

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number _____ Date _____

Signed _____

Contact Info. (optional) _____

1011586

#4

UMAT 57043

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

UMAT 57043

WELL LABEL # L LI08632

START CARD # 1015601

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

1) LAND OWNER Owner Well I.D. _____
 First Name Randy Last Name Rupp
 Company Rupp Ranches
 Address 17811 Kranchwood St
 City Kennecott State WA Zip 99352

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well 990 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
20	0	810	concrete/grout	0	700	24 yards	
16	810	990	open hole				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		16	2	700		.575			✓	

Shoe Inside Outside Other Location of shoe(s) _____

Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

Perf	Scrn	Casing	Linr	Screen Dia	From	To	Screen width	Screen length	Screen slots	Tele/size

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

Pump Bailor Air Flowing Artesian
 Yield gal/min 3000 Drawdown _____ Drill stem/Pump depth _____ Duration (hr) 2

Temperature 72 °F Lab analysis Yes No
 Water quality concerns? Yes (describe below) _____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Wanatta Twp 5.00 (Nor S Range 31.00 or W W.M.
 Sec 7 NW 1/4 of the SW 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>4-20-12</u>			<u>572</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 166

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>12-21-11</u>	<u>166</u>	<u>189</u>	<u>50</u>			<u>166</u>
<u>10-25-11</u>	<u>635</u>	<u>655</u>	<u>1000</u>			<u>166</u>
<u>4-18-12</u>	<u>930</u>	<u>975</u>	<u>3000</u>			<u>572</u>

(11) WELL LOG

Material	From	To
Sand	0	22
Broken brown basalt	22	77
Hard black basalt	77	102
Soft brown basalt	102	138
Hard black basalt	138	161
Soft porous rock	161	189
Med hard fractured black	189	200
Very hard black basalt	200	244
Soft brown + black with green	244	360
Hard black	360	368
Soft black porous basalt	368	412
Hard black basalt	412	436
Soft brown basalt	436	471
Hard black basalt	471	496
Soft brown basalt	496	527
Hard black basalt	527	635

Date Started 12-11 Completed 4-19-12

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported are to the best of my knowledge and belief.

License Number 1 Date JUL 16 2012

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1906 Date 4-22-12

Signed Daniel Rupp

Contact Info. (optional) _____

1011586