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STATE OF OREGON WATER SUPPLY WELL REPORT

WELL I.D. # L 41621

WATER RESOURCES DEPT. SALEM, OREGON

START CARD # 121235

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

(1) OWNER: Name SHANE K. DeRuwe, Address 85021 Hudson Bay Rd., City Milton-Freewater, State ORE, Zip 97862

(9) LOCATION OF WELL by legal description: County Umatilla, Township 6, Section 13, NW 1/4, NW 1/4

(2) TYPE OF WORK: [X] New Well, [] Deepening, [] Alteration, [] Abandonment

Street Address of Well (or nearest address) 1/4 mile SW From Beginning of Butler Grade

(3) DRILL METHOD: [] Rotary Air, [] Rotary Mud, [X] Cable, [] Auger

(10) STATIC WATER LEVEL: 92 ft. below land surface. Date 5-25-2000

(4) PROPOSED USE: [] Domestic, [] Community, [] Industrial, [X] Irrigation

(11) WATER BEARING ZONES:

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No, Depth of Completed Well 210 ft.

Table with columns: From, To, Estimated Flow Rate, SWL. Data: 60-85, 85-147, 102 gpm, 600 gpm, 60, 92

Table with columns: Diameter, From, To, Material, From, To, Seal. Data: 16-40, 10-40, Bentonite, 0-40, 39

(12) WELL LOG: Ground Elevation

How was seal placed: Method [] A [] B [] C [] D [] E, [X] Other Poured

Table with columns: Material, From, To, SWL. Data: Topsoil, Sand & Clay, Sand & Gravel, Brown Clay + Gravel, Blue Clay

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

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WATER RESOURCES DEPT. SALEM, OREGON

(7) PERFORATIONS/SCREENS: [X] Perforations, Method TORCH, Slot size 1/8", Number 200, Diameter 10

Date started 4-12-2000, Completed 5-25-2000

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

[X] Pump, Yield gal/min 400, 450, 475, Drawdown 16, 26, 34, Temperature of water 58, Depth Artesian Flow Found

(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.

Signed Mike Harding, WWC Number 1639, Date 6-31-2000

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STATE OF OREGON

WATER SUPPLY WELL REPORT WATER RESOURCES DEPT. SALEM, OREGON

(as required by ORS 537.765)

WELL I.D. # L 47070
START CARD # 138360

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

(1) LAND OWNER SHANE K. DeRune Well Number _____
Name SHANE K. DeRune
Address 85021 Hudson Bay Road
City Milton Freewater State ORE Zip 97142

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

HOLE			SEAL		
Diameter	From	To	Material	From	To
16	0	49	Concrete	0	49
10	49	320			

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 320 ft. to 280 ft. Size of gravel 1/2 Round

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10	1 1/2	280	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 280

(7) PERFORATIONS/SCREENS:

Perforations Method TORCH + Mills Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
280	190	1/4	180	10"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
190	105	1/4 x 3/8	1700	10"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
250	45		1 hr.
300	73		30 HAS

Temperature of water 57 ° 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 Umatilla Latitude _____ Longitude _____
Township 6 or S Range 30 or W. WM.
Section 13 SW 1/4 SW 1/4
Tax Lot 310 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Butler Grade Road

(10) STATIC WATER LEVEL:
92 ft. below land surface. Date 7-30-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
110	174	300	92
192	213	100	92
261	273	200	92

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Topsoil	0	9	
Fine Gravel	9	9	
Silt	9	20	
Sand & Silt	20	49	
Gravel	49	114	110
Coarse Sand & Gravel	114	153	92
Gravel & a little Brown Clay	153	174	
Gravel	174	174	
Brown Clay & Gravel	174	192	
Gravel	192	213	
Gravel & a little Brown Clay	213	224	
Brown Clay & Gravel	224	261	
Gravel	261	273	92
Brown Clay & Gravel	273	294	
Blue Clay	294	320	

Date started 6-14-01 Completed 9-30-01

(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 Mike Harding WWC Number 1639 Date 9-29-01

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WELL C

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

WELL I.D. # L 56529
START CARD # W133847

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

(1) LAND OWNER Well Number 3
Name SHANE DeRuwe
Address 85021 Hudson Bay Road
City Milton Freewater State ORE Zip 97862

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

HOLE			SEAL			Material	From	To	Cups or pounds
Diameter	From	To	From	To					
16	0	40	2 1/2	0	40	41			
10	40	275							

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

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
10"	42	220	250	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 220

(7) PERFORATIONS/SCREENS:

Perforations Method Mills Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
135	165	1/4 x 3	440	10"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
192	215	1/4 x 3	368	10"		<input checked="" 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	Flowing Time
180	88		11 hr.

Temperature of water 58° 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 Umatilla Latitude _____ Longitude _____
Township 6 or S Range 33 or W. WM.
Section 13 SW 1/4 SW 1/4
Tax Lot 310 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Butler Grade Road

(10) STATIC WATER LEVEL:
92 ft. below land surface. Date 7-15-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 92

From	To	Estimated Flow Rate	SWL
130	165	100	92
193	215	100	92

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Silted Soil	0	57	
Small to Med Gravel	57	91	
Sand - Some Gravel	91	130	92
Gravel - Trace Sand - water	130	165	92
Gravel - Brown Clay	165	193	
Gravel - water	193	215	92
Brown Clay + Gravel	215	275	
Bottom 55' water soaked and swelled sand			

Date started 5-24-03 Completed 7-15-03

(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.
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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1637
Signed Mike Harding Date 8-5-03

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WELL D

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

WELL LABEL # L 82249

START CARD # W 194818

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

(1) LAND OWNER Owner Well I.D.
First Name Stone Last Name DeKawe
Company
Address 75201 Hudson Bay Rd, MI
City Milwaukie OR Zip 97162

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

(3) DRILL METHOD
[] Rotary Air [] Rotary Mud [X] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

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

(5) BORE HOLE CONSTRUCTION Special Standard: [] Yes (attach copy)
Depth of Completed Well 206 ft.

Table with columns for BORE HOLE (Dia., From, To) and SEAL (Material, From, To, Amount). Includes handwritten entries for 14" and 10" diameters.

How was seal placed: Method [] A [] B [] C [] D [] E
[X] Other cement
Backfill placed from 130 ft. to 25 ft. Material crushed gravel 5"
Explosives used: [] Yes Type Amount

(6) CASING/LINER table with columns for Casing/Liner, Dia., From, To, Gauge, Steel, Plastic, Welded, Thrd.

Shoe [] Inside [X] Outside [] Other Location of shoe(s) 208'
Temporary casing [] Yes Diameter From To

(7) PERFORATIONS/SCREENS
Perforations Method Cutting Torch
Screens Type Material

Table for perforations with columns for Perf, Casing/Liner, Screen Dia., From, To, Screen slot width, Slot length, # of slots, Tele/pipe size.

(8) WELL TESTS: Minimum testing time is 1 hour
[X] Pump [] Bailer [] Air [] Flowing Artesian
Yield gal/min 320 Drawdown 41' Drill stem Pump depth 185' Duration (hr) 12 hr

Temperature 62 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below)
From To Description

(9) LOCATION OF WELL (legal description)
County Umatilla Twp 6 N or S Range 33 E W.W.M.
Sec 13 NW 1/4 of the NW 1/4 Tax Lot 300
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD

Street Address of Well (or nearest address) 47954 Stateline Road

(10) STATIC WATER LEVEL table with columns for Date, SWL (psi), SWL (ft). Includes handwritten entries for 7-28-08 and 134.

WATER BEARING ZONES table with columns for SWL, Date, From, To, Est Flow, SWL (psi), SWL (ft). Includes handwritten entries for 7-28-08, 198, 148, 320 gpm, 134.

(11) WELL LOG table with columns for Material, From, To. Includes handwritten entries for Topsoil, clay, gravel, sand, etc.

Date Started 6-12-08 Completed 7-28-08

(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.

License Number 1589 Date 8-22-08
Signed Harold Handley

(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.

License Number 1639 Date 8-22-08
Signed Mike Handley
Contact Info. (optional)

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