

# 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 # 1019181

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 Ruanichwood 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	concent	0	494	21yds	
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**

Csng	Lnr	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	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)
4000			2

Temperature 72 °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 SE 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) Scupper 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 176

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
10-27-11	6	285	35			178
10-31-11	285	465	100			178
11-1-11	465	522	4000			179

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
Sand	0	5
Silty Sand	5	22
Silty Brown Sand reddish disk	22	38
Brown silt with gravel	38	102
Broken brown basalt	102	191
Medium hard black basalt	191	202
Soft Broken 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	381
Soft brown + black basalt	381	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 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 1906 Date 12-10-11  
 Signed Don  
 Contact Info. (optional) \_\_\_\_\_

STATE OF OREGON  
WATER SUPPLY WELL REPORT

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 Depth of Completed Well 552 ft.

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

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

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 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

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 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

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 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				

Flowing Artesian?  Yes Dry Hole?  Yes

**WATER BEARING ZONES** Depth water was first found \_\_\_\_\_

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10-31-11	285	485				178
11-1-11	485	522				179

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 Lat \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
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Completed Well				

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**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 porous black with green clay	372	418
Soft brown + black basalt	418	440
Very hard black basalt	440	448
Soft black with green clay	448	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
Solid grey basalt	532	552

Date Started \_\_\_\_\_ Completed \_\_\_\_\_

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License Number \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_  
 Contact Info. (optional) \_\_\_\_\_