

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 1766 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	635	concret	0	580	27 yards	
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

Csng/Linr	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	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 _____ 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 _____

SEP 13 2012

(9) LOCATION OF WELL (legal description)

County umatilla Twp 50 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 Acornston OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>11-20-11</u>			<u>187</u>

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)
<u>10-5-11</u>	<u>0</u>	<u>275</u>	<u>40</u>			<u>190</u>
<u>10-10-11</u>	<u>275</u>	<u>360</u>	<u>150</u>			<u>190</u>
<u>10-20-11</u>	<u>360</u>	<u>445</u>	<u>50</u>			<u>187</u>

(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	392
Very hard black basalt	392	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 information reported above are true to the best of my knowledge and belief.

License Number _____ Date 11-6-2012

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 Don Smith

Contact Info. (optional) _____

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 K 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	concr	0	580	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	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		16	f	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	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 _____ 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 50 or S Range 30 E or 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) Jupiter Rd Astoria 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	448				189

(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
Hard 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	392
Very hard black basalt	392	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 methods reported above are true to the best of my knowledge and belief.

License Number _____ Date 11-16-2012

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 Don Smith

Contact Info. (optional) _____

UMAT 57042

STATE OF OREGON WATER SUPPLY WELL REPORT

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

WELL LABEL # L 109634

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 Kinnwood 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			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	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	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 Nor S Range 30 E or 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) _____

(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 some 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

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 JUL 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 _____ Date _____
 Signed _____
 Contact Info. (optional) _____