

UMAT 57043

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 1781 Kranchwood St City Kennewick 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.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amount, Scks/lbs. Includes handwritten entries for cement grout and open hole.

How was seal placed: Method A B C D E

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

(6) CASING/LINER

Table with columns: Casing/Liner, Dia, From, To, Gauge, Steel, Plastic, Welded, Thrd. Includes handwritten entry for 16 inch casing.

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

(7) PERFORATIONS/SCREENS

Perforations Method Screens Type Material

Table with columns: Perf, Scrm, 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

Pump Bailer Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) Temperature 72 F Lab analysis Yes No Water quality concerns? Yes (describe below)

Table with columns: From, To, Description, Amount, Units. Includes 'RECEIVED BY OWRD' stamp and date SEP 13 2012.

(9) LOCATION OF WELL (legal description)

County Grant County Twp 5.00 S Range 31.00 E or W W.M. Sec 7 NW 1/4 of the SW 1/4 Tax Lot 100 Tax Map Number Lat Long Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL

Table with columns: Existing Well/Predeepening, Date, SWL (psi), SWL (ft). Includes entry for 4-20-12 with SWL of 572.

Flowing Artesian? Yes Dry Hole? No WATER BEARING ZONES Depth water was first found 166

Table with columns: SWL Date, From, To, Est Flow, SWL (psi), SWL (ft). Includes handwritten entries for 12-21-11, 12-25-11, and 4-18-12.

(11) WELL LOG

Table with columns: Material, From, To. Lists geological layers such as Sand, Broken brown basalt, Hard black basalt, Soft brown basalt, etc.

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.

RECEIVED BY OWRD

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 Contact Info. (optional)

# UMAT 57043

**STATE OF OREGON  
WATER SUPPLY WELL REPORT**

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

WELL LABEL # L108632

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 1781 Kranchwood St  
 City Kennebec 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					

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
✓		16	3/8	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	Csg	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 Washita Twp S100 or S Range 31.0 or W W.M.  
 Sec 7 NW 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**

	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 \_\_\_\_\_

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>12-25-11</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** 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 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	480
Soft brown basalt	480	527
Hard black basalt	527	635

Date Started 12-18-11 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 true to the best of my knowledge and belief.

**RECEIVED BY OWRD**

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 David Smith  
 Contact Info. (optional) \_\_\_\_\_

# 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				Amount	Scks/lbs
Dia	From	To	Material	From	To	Material			

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

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)

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 porous broken brown	635	655
Medium hard black basalt	655	748
Soft black	748	772
Soft porous red basalt	772	776
Soft black	776	791
Hard black w. th quartz	791	820
Greenish brown chert	820	839
Black porous basalt	839	845
Soft fractured black	845	879
Medium hard grey basalt	879	930
Soft gray 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.

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) \_\_\_\_\_