UMAT 57043

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

WELL LABEL # L 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 4761 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.

BORE HOLE Dia	From	To	Material	SEAL From	To	Amount	Sacks/lbs
20	0	810	Cement 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

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		16	+	2	700	.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)
3000			2

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

From	To	Description	Amount	Units

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(9) LOCATION OF WELL (legal description)
County Umatilla Twp 5.00 ■N ☐S Range 31.00 ■E ☐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	4-20-12			572

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)
12-21-11	161	159	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 red	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 12-16-11 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 above are true to the best of my knowledge and belief.

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JUL 16 2012
SALEM, OR

License Number 1 Date 7-16-12
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 _____
Contact Info. (optional)

ORIGINAL – WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK 10/16/2006

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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 Dia	From	To	Material	SEAL 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	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

RECEIVED BY OWRD
SEP 13 2012
SALEM, OR

(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)
[redacted]						

(11) WELL LOG Ground Elevation _____

Material	From	To
Soft Pavana brown brown	635	655
Medium hard black basalt	655	748
Soft black	748	772
Soft pavana red basalt	772	776
Soft black	776	791
Hard black with quartz	791	820
Greenish brown clays	820	839
Black Pavana basalt	839	845
Soft fractured black	845	879
Medium hard Grey basalt	879	930
Soft gray with green	930	975
Hard black basalt	975	980

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.

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License Number _____ Date JUL 16 2012

Signed _____

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(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)

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SALEM, OR

10/16/2006