

UMAT 57044

UMAT 57044

STATE OF OREGON WATER SUPPLY WELL REPORT

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

WELL LABEL # L 109650

START CARD # 1016763

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 Kranichwood St
 City Richland State Wt Zip 97352

(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 820 ft.

BORE HOLE			SEAL				Scks/lbs
Dia	From	To	Material	From	To	Amount	
27	0	110	Bentonite	0	110		7040
20	110	885	Cement	0	734		24yds
15	405	820					

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
✓	20	-	1	110	.375	✓		✓	
✓	16	+	2	734	.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 2000 Drawdown _____ Drill stem/Pump depth _____ Duration (hr) 2

Temperature 80 °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 N or S Range 30 E or W W.M.
 Sec 15 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) Juniper Rd
Herniston Oregon

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>6-29-12</u>			<u>517</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 121

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>6-7-12</u>	<u>133</u>	<u>147</u>	<u>20</u>			<u>121</u>
<u>6-11-12</u>	<u>582</u>	<u>597</u>	<u>400</u>			<u>121</u>
<u>1-15-12</u>	<u>390</u>	<u>605</u>	<u>2000</u>			<u>360</u>
<u>2-29-12</u>	<u>740</u>	<u>405</u>	<u>4000</u>			<u>517</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
Soil	0	5
Silty sand	5	60
Silty sand with gravel	60	62
Silty sand	62	707
Broken brown basalt	107	110
Broken brown + black basalt	110	133
Soft reddish brown basalt	133	147
Broken brown	147	214
Medium hard black basalt	214	226
Soft broken brown	226	320
Hard black basalt	320	326
Reddish brown soft	326	345
Hard black basalt	345	361
Soft black with green	361	370
Med hard brown + black	370	385
Hard black	385	436

Date Started 5-25-12 Completed 6-29-12

(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.
RECEIVED BY OWRD
 License Number JUL 16 2012 Date _____
 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.
SALEM, OR
 License Number 1906 Date 7-9-12
 Signed Dan Smith
 Contact Info. (optional) _____

UMAT 57044

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

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

WELL LABEL # L 109650

START CARD # 206577

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 Arunichwood 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 820 ft.

BORE HOLE			SEAL				Scks/lbs
Dia	From	To	Material	From	To	Amount	
27	0	110	Benforte	0	110	7040	
20	110	820	concret	0	734	27yds	
15	405	820					

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
✓		20	-	1	110	.375	✓		✓	
✓		16	+	2	734	.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	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 Umatilla Twp 5 N or S Range 30 E or W W.M.
 Sec 15 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) Juniper Rd
Herniston Oregon

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>6-29-12</u>			<u>517</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>6-7-12</u>	<u>133</u>	<u>147</u>				<u>121</u>
<u>6-11-12</u>	<u>582</u>	<u>597</u>				<u>121</u>
<u>1-15-12</u>	<u>390</u>	<u>605</u>				<u>360</u>
<u>6-29-12</u>	<u>790</u>	<u>465</u>				<u>517</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Gravel</u>	<u>0</u>	<u>5</u>
<u>Silty sand</u>	<u>5</u>	<u>60</u>
<u>Silty sand with gravel</u>	<u>60</u>	<u>62</u>
<u>Silty sand</u>	<u>62</u>	<u>707</u>
<u>Broken brown basalt</u>	<u>107</u>	<u>110</u>
<u>Broken brown + black basalt</u>	<u>110</u>	<u>133</u>
<u>Soft reddish brown basalt</u>	<u>133</u>	<u>147</u>
<u>Broken brown</u>	<u>147</u>	<u>214</u>
<u>Medium hard black basalt</u>	<u>214</u>	<u>226</u>
<u>Soft broken brown</u>	<u>226</u>	<u>320</u>
<u>Hard black basalt</u>	<u>320</u>	<u>326</u>
<u>Reddish brown soft</u>	<u>326</u>	<u>345</u>
<u>Hard black basalt</u>	<u>345</u>	<u>361</u>
<u>Soft black with green</u>	<u>361</u>	<u>370</u>
<u>Med hard brown + black</u>	<u>370</u>	<u>385</u>
<u>Hard black</u>	<u>385</u>	<u>436</u>

Date Started 5-25-12 Completed 6-29-12

(unbonded) Water Well Constructor Certification
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License Number JUL 16 2012 Date _____
 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 7-9-12
 Signed Dan Smith
 Contact Info. (optional) _____

UMAT 57044

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 1081050

START CARD # 200577

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				
Dia	From	To	Material	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

(9) LOCATION OF WELL (legal description)
 County Washco Twp 5 N or S Range 30 E or W W.M.
 Sec 15 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
Soft black + green	436	570
Med hard brown + black	570	592
Soft broken brown	592	597
Hard black	597	620
Hard grey	620	790
Porous broken brown	790	805
Hard black	805	820

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.

License Number _____ Date _____
 Signed JUL 16 2012

(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) _____