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

UMAT 58176

WELL LABEL # L _____

START CARD # W 199464

Instructions for completing this report are on the last page of this form.

UMAT 58176

(1) LAND OWNER Owner Well I.D. _____
First Name Randy Last Name Rupp
Company _____
Address 176 Kranichwood
City Richland State WA Zip 99352

(2) TYPE OF WORK ☐ New Well ☐ Deepening ☐ Conversion
☐ Alteration (repair/recondition) ☐ Abandonment X boring

(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 Boring/Soil investigation

(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)
Depth of Completed Well 150 ft.

BORE HOLE Dia	From	To	Material	SEAL From	To	Amount	Sacks/lbs
6	0	150	—	—	—	—	—

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 Umatilla Twp _____ N or S Range _____ E or W W.M.
Sec _____ _____ 1/4 of the SW 1/4 Tax Lot _____
Tax Map Number _____ Lot _____
Lat 45° 42' 0.82" N or _____ DMS or DD
Long 119° 07' 30.30" W or _____ DMS or DD
Street Address of Well (or nearest address) Hwy 730
Hermiston Oregon

(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
Basalt	0	150
Owner bought a blasthole Rotary. I helped him try it out on a boring when I had a heart attack and had surgy. I never returned to the site.		

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SEP 24 2018
OWRD

Date Started 02-28-17 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 _____

(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 1719 Date 09-14-2018

Signed [signature]

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

STATE OF OREGON

GEOTECHNICAL HOLE REPORT

(as required by OAR 690-240-0035)

UMAT 58176

(1) OWNER/PROJECT: Hole Number _____

Name Randy Rupp

Address 176 Kranickwood

City Richland State WA. Zip 99352

(2) TYPE OF WORK

☑ New ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) CONSTRUCTION METHOD:

☑ Rotary Air ☐ Hand Auger ☐ Hollow Stem Auger
☐ Rotary Mud ☐ Cable Tool ☐ Push Probe ☐ Other _____

(4) TYPE OF HOLE:

☑ Uncased Temporary ☐ Cased Temporary
☐ Uncased Permanent ☐ Slope Stability ☐ Other _____

(5) USE OF HOLE: Investigation

(6) BORE HOLE CONSTRUCTION:

Special Standard ☐ Yes (attach copy) Depth of Completed Hole _____ ft.

HOLE				SEAL			
Diameter	From	To	Material	From	To	Amount	Sacks or lbs
6	0	150	~~basalt~~				

Backfill placed from — ft. to — ft. Material —

(9) LOCATION OF HOLE (legal description)

County Umatilla Twp _____ N or S Range _____ E or W W.M

Sec 4 1/4 of the SW 1/4 Tax Lot _____

Tax Map Number _____ Lot _____

Lat 45 . 94 . 20 " or 45 . 942082 N DMS or DD

Long ___ ° ___ ' ___ " or 119 . 073030 W DMS or DD

Street Address of Well (or nearest address) Hwy 730

Hermiston OR.

Map with location identified must be attached

(10) STATIC WATER LEVEL:

— ft. below land surface. Date —

Artesian pressure — lb. per square inch. Date —

(11) SUBSURFACE LOG:

Ground Elevation _____

Material Description	From	To	SWL
Basalt	0	150	—

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SEP 10 2018
OWR

Date Started 2-30-17 Date Completed —

(12) ABANDONMENT LOG:

Material Description	From	To	Sacks or Pounds

UMAT 58176

Filter Pack placed from _____ ft. to _____ ft. Material _____ Size _____

(7) CASING/SCREEN:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
Screen:					☐	☐	☐	☐
Slot				Size				

N/A

(8) WELL TEST:

☐ Pump ☐ Bailer ☐ Air ☐ Flowing/Artesian

Permeability _____ Yield _____ GPM _____

Conductivity _____ PH _____

Temperature of water _____ °F/C Depth artesian flow found _____ ft.

N/A

Water water analysis done? ☐ Yes ☐ No

By whom? _____

Depth of strata analyzed. From _____ ft. to _____ ft.

Remarks: _____

N/A

Date Started _____ Date Completed _____

Professional Certification

(to be signed by a licensed water supply or monitoring well constructor, or Oregon registered geologist or professional engineer).

I accept responsibility for the construction, alteration, or abandonment work performed during the construction dates reported above. All work performed during this time is in compliance with Oregon's geotechnical hole construction standards. This report is true to the best of my knowledge and belief.

License or Registration Number 1217

Signed Zach O. Cruz Date 9-6-1

Affiliation Triple A drilling Inc

Was drilling with The owner. Rig. Had health problems and surgery and never returned to The drill site. Hole must have been abandoned by owner

Zach O. Cruz

START Card # W 199464

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SEP 10

OWRD

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER

Revised 01/02/09