UMAT 58217

G-17068

OREGON WATER RESOURCES

DATA COLLECTION SHEET

WELL I.D. # L _____

Start card # 199469

(1) LAND OWNER Owner Well Number _____

First Name Randy F. Last Name Rupp

Company Rupp Ranches

Address 176 Kranich Wood St

City Richland State Wa Zip 99352

(2) TYPE OF WELL ☒ Water Well ☐ Monitoring Well ☐ Piezometer

(3) CURRENT OBSERVED USE

☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation

☐ Thermal ☐ Injection ☐ Livestock ☒ Other Test Well

(4) BORE HOLE CONSTRUCTION

Estimated Depth of Well _____ ft.

BORE HOLE Diameter	From	To	SEAL Material	From	To	Sacks / Pounds

(5) CASING/LINER

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None

Final location of shoe(s) _____

(6) PERFORATIONS/SCREENS

☐ Perforations

☐ Screens Type _____ Material _____

From	To	Approx Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(7) WELL TESTS Date _____

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time

Temperature of water _____

Was a water analysis done? ☐ Yes By whom _____

(8) LOCATION OF WELL (legal description)

County Umatilla County Map No _____

Township 5 (N)/S Range 30 (E)/W WM Section 15

SW 1/4 of the NE 1/4 Tax Lot 100 Lot _____

Lat ____ ° ____ ' ____ " or _____ DMS or DD

Long ____ ° ____ ' ____ " or _____ DMS or DD

Street Address of Well (or nearest address) 2 miles north of Hwy 37 / Kosmos Rd

(9) STATIC WATER LEVEL

_____ ft. below land surface. Date _____

Artesian pressure _____ lb. per square inch Date _____

RECEIVED

FEB 14 2019

OWRD

(10) WATER BEARING ZONES

From	To	Estimated Flow Rate	SWL

(11) LITHOLOGY Ground Elevation _____

Material	From	To
Please see attached log		
license # 1719		

Estimated date originally constructed _____

SOURCE OF DATA / INFO ☐ USGS ☐ On-Site Observation

☐ Interview _____ ☒ Other _____

Well inspector database for legal description (2/2/12)

COMPILED BY Buffy M Gillis OWRD

DATE 2/14/2019

COMPILED AND PROVIDED BY OREGON WATER RESOURCES DEPARTMENT STAFF
THIS FORM IS FOR OWRD STAFF USE AND IS NOT TO BE CONSTRUED AS A WELL REPORT

03/20/2018

UMAT 58217

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

WELL LABEL # L _____

START CARD # _____

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	SEAL Material	From	To	Amount	Sacks/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 _____ 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)
	151	172	100			
	796	805	1000			

(11) WELL LOG Ground Elevation _____

Material	From	To
Top Soil	0	3
Sand	3	45
Brown clay	45	121
Basalt broken	121	125
Hard black Basalt	125	151
Red basalt cinders	151	172
Hard basalt	172	317
basalt w/ Green Claystone	317	410
basalt	410	615
Gray basalt	615	690
basalt	690	796
Red cinders	796	805
basalt (hard)	805	1105
basalt with Green Stringers	1105	1310
basalt black (soft)	1310	1345
basalt hard	1345	1379

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 _____

(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)

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