



**Owner Information:**

OWNER NAME/BUSINESS NAME: Joe Moore		PHONE No.: 541-993-0522	ADDITIONAL CONTACT No.:
ADDRESS: 22705 Doane Creek Rd.			
CITY: Sheridan	STATE: OR	ZIP: 97378	E-MAIL: bigtalltimber@gmail.com

**Pump Test Conducted By (If Different From Owner):**

TEST CONDUCTED BY NAME: same	QUALIFICATION: (SELECT)	LICENSE #:
COMPANY:	PHONE No.:	ADDITIONAL CONTACT No.:
ADDRESS:		
CITY:	STATE:	ZIP:
E-MAIL:		

**Tested Well Information (please attach well log(s) if available):**

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
MARI 3959	L- 67863	1	155	W. C. Cox	10-01-75	10-02-21

(CONTINUED)

TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (EX: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (EX: 44.94473859)	LONGITUDE (EX: -123.02787000)
6S	2W	13	NE/NW		45.056353	122.878056

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G- 15722	G- 15990	T- 10412		<input checked="" type="radio"/> Yes <input type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)

**Nearby Wells and Streams:** Please check yes or no. Do not leave blank.

Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?

If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.

If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

WELL LOG # (EX: MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)

Is there a lake, stream or other surface water body within 1/4 mile of the tested well?

If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head.

Well elevation is  above the surface water body. Approximate distance: 770' ft.

Approximate elevation difference: 32' ft.

Was the test conducted during normal use of the well?

Please indicate where pumped water was discharged: field

How far from the pumped well was water discharged? 650' ft.

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Additional forms can be found at: <https://www.oregon.gov/owrd/Forms/Pages/default.aspx>.

NOV 10 2022

OWRD

OWRD20200115



Water-Level Measurement Method: Electric Tape

\*Verify here: { Airline: \_\_\_\_\_ psi \_\_\_\_\_ feet.  
E-Tape: \_\_\_\_\_ feet.

Length of air line (if used): \_\_\_\_\_

\*Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used):

Manufacturer: \_\_\_\_\_ Serial #: \_\_\_\_\_

Date Last Calibrated: \_\_\_\_\_ Units: \_\_\_\_\_

Pump Type: Submersible

HP: 40 Pump set at: 110 feet.

Pump idle time: 2 weeks

Discharge Measurement Method: Flowmeter

Flowmeter (if used):

Manufacturer: netafim Serial #: 200609688

Date Last Calibrated: 11-13-20 Units: GPM

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at: <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

Measuring Point (MP): Measuring point distance above land surface 3 feet.

Description (e.g., top port of 1 inch port pipe, west side) temporary port pipe installed for pump test. cut at 3' above land surface.

Time pump turned on: Date 10-02-21 Time 12:00PM

Time pump turned off: Date 10-02-21 Time 5:00PM

Total pumping time: 5 hours 0 minutes.

Remember, your pump test may not be approved unless it meets the following criteria\*:

- The discharge rate was held constant for the entire pumping phase.
- The pump was on during the entire pumping phase (≥ 4 hours).
- The discharge was measured at the start of pumping and at least once every hour during the test.
- Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤2 min for the first 10 minutes, ≤5 min for 10 – 30 minutes, and ≤15 min for the remainder of the test)
- Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- The pump test cover sheet was completely filled out and signed.
- The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- The well was idle for at least 16 hours prior to the test.
- The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

\*This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:

[https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID\\_OARD=1BdwLYnsYAPNSQtW330ZiSFZuMscp4Hfil-1ftsDAAEsMC2\\_ROSs!-277278532?selectedDivision=3186](https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLYnsYAPNSQtW330ZiSFZuMscp4Hfil-1ftsDAAEsMC2_ROSs!-277278532?selectedDivision=3186).

Submit forms to: Attn: Certificates Section, Oregon Water Resources Department  
725 Summer St NE Suite A, Salem, OR 97301

Forms may additionally be sent to WRD\_DL\_pumptestsupport@oregon.gov

I hereby certify that this test has been conducted in accordance with OAR 690-217:

OPERATOR SIGNATURE: \_\_\_\_\_ DATE: 11-9-21

OWNER SIGNATURE: \_\_\_\_\_ DATE: 11-9-21

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WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
MARI 3959	L- 67873	1	155	W. C. Cox	10-01-75	10-02-21

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, GPM)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
10-02-21	11:00	<60>	25.5	0	Pre-test			
	11:20	<40>	25.5	0	Pre-test			
	11:40	<20>	25.5	0	Pre-test			
	12:00	START	25.5	500	Pumping			START
	12:01	1	30.8	500	Pumping			
		2	33.1	500	Pumping			
		3	33.9	500	Pumping			
		4	34.5	500	Pumping			
		5	34.7	500	Pumping			
		6	35.1	500	Pumping			
		7	35.3	500	Pumping			
		8	35.5	500	Pumping			
		9	35.7	500	Pumping			
		10	36	500	Pumping			
		15	36.8	500	Pumping			
		20	37.5	500	Pumping			
		25	38.2	500	Pumping			
		30	38.6	500	Pumping			
		45	39.8	500	Pumping			
	1:00	1:00	40.6	500	Pumping			
		1:15	40.8	500	Pumping			
		1:30	40.9	500	Pumping			
		1:45	41	500	Pumping			
	2:00	2:00	41	500	Pumping			
		2:15	41	500	Pumping			
		2:30	41	500	Pumping			
		2:45	41	500	Pumping			
	3:00	3:00	41	500	Pumping			RECEIVED
		3:15	41	500	Pumping			NOV 10 2022
		3:30	41	500	Pumping			
		3:45	41	500	Pumping			
	4:00	4:00	41	500	Pumping			OWRD
		4:15	41	500	Pumping			
		4:30	41	500	Pumping			
		4:45	40.9	500	Pumping			
	5:00	5:00	40.9	0	Recovery			STOP
		5:01	38.3	0	Recovery			
		5:02	35.9	0	Recovery			
10-02-21		5:03	33.7	0	Recovery			





**Owner Information:**

OWNER NAME/BUSINESS NAME: Joe Moore		PHONE No.: 541-993-0522	ADDITIONAL CONTACT No.:
ADDRESS: 22705 Doane Creek Rd.			
CITY: Sheridan	STATE: OR	ZIP: 97378	E-MAIL: bigtalltimber@gmail.com

**Pump Test Conducted By (If Different From Owner):**

TEST CONDUCTED BY NAME: same	QUALIFICATION: (SELECT)	LICENSE #:	
COMPANY:	PHONE No.:	ADDITIONAL CONTACT No.:	
ADDRESS:			
CITY:	STATE:	ZIP:	E-MAIL:

**Tested Well Information (please attach well log(s) if available):**

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
MARI 69450	L- 136745	2	230	Joe Moore	8-27-20	10-09-21

(CONTINUED)

TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (EX: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (EX: 44.94473859)	LONGITUDE (EX: -123.02787000)
6S	2W	12	NE/SE		45.06376	122.86882

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G- 15722	G- 15990	T- 10412		<input checked="" type="radio"/> Yes <input type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)

**Nearby Wells and Streams:** Please check yes or no. Do not leave blank.

Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?  
If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.  
If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

WELL LOG # (EX: MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)

Is there a lake, stream or other surface water body within 1/4 mile of the tested well?  
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approximate distance: 294' ft.  
Well elevation is  above the surface water body. Approximate elevation difference: 23' ft.

Was the test conducted during normal use of the well?  
Please indicate where pumped water was discharged: field  
How far from the pumped well was water discharged? 620' ft.



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NOV 10 2022 PUMP TEST FORM  
COVER SHEET

OWRD

Water-Level Measurement Method: Electric Tape

\*Verify here:

Airline: \_\_\_\_\_ psi \_\_\_\_\_ feet.

Length of air line (if used): \_\_\_\_\_

E-Tape: \_\_\_\_\_ feet.

\*Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used):

Manufacturer: \_\_\_\_\_ Serial #: \_\_\_\_\_

Date Last Calibrated: \_\_\_\_\_ Units: \_\_\_\_\_

Pump Type: Submersible

HP: 40 Pump set at: 110 feet.

Pump idle time: 3 weeks

Discharge Measurement Method: Flowmeter

Flowmeter (if used):

Manufacturer: netafim Serial #: 200309445

Date Last Calibrated: 10-29-20 Units: GPM

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at:  
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

Measuring Point (MP): Measuring point distance above land surface 3 feet.

Description (e.g., top port of 1 inch port pipe, west side) temporary port pipe installed for pump test. cut at 3' above land surface.

Time pump turned on: Date 10-09-21 Time 12:00PM

Time pump turned off: Date 10-09-21 Time 5:00PM

Total pumping time: 5 hours 0 minutes.

Remember, your pump test may not be approved unless it meets the following criteria\*:

- The discharge rate was held constant for the entire pumping phase.
- The pump was on during the entire pumping phase (≥ 4 hours).
- The discharge was measured at the start of pumping and at least once every hour during the test.
- Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
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725 Summer St NE Suite A, Salem, OR 97301**

Forms may additionally be sent to [WRD\\_DL\\_pumptestsupport@oregon.gov](mailto:WRD_DL_pumptestsupport@oregon.gov)

I hereby certify that this test has been conducted in accordance with OAR 690-217:

OPERATOR SIGNATURE: \_\_\_\_\_ DATE: 11-11-21

OWNER SIGNATURE: \_\_\_\_\_ DATE: 11-11-21



WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
MARI 69450	L- 136745	2	230	Joe Moore	8-27-20	10-09-21

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, GPM)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
10-09-21	11:00	<60>	16.8	0	Pre-test			
	11:20	<40>	16.8	0	Pre-test			
	11:40	<20>	16.8	0	Pre-test			
	12:00	START	16.8	500	Pumping			START
	12:01	1	32.4	500	Pumping			
		2	33.1	500	Pumping			
		3	34.1	500	Pumping			
		4	35	500	Pumping			
		5	35.5	500	Pumping			
		6	36.6	500	Pumping			
		7	37	500	Pumping			
		8	37.4	500	Pumping			
		9	37.8	500	Pumping			
		10	38.2	500	Pumping			
		15	39.5	500	Pumping			
		20	40.6	500	Pumping			
		25	41.4	500	Pumping			
		30	42.1	500	Pumping			
		45	43.6	500	Pumping			
	1:00	1:00	44.8	500	Pumping			
		1:15	45.7	500	Pumping			
		1:30	46.4	500	Pumping			
		1:45	46.9	500	Pumping			
	2:00	2:00	47.2	500	Pumping			
		2:15	47.4	500	Pumping			
		2:30	47.4	500	Pumping			
		2:45	47.4	500	Pumping			RECEIVED
	3:00	3:00	47.4	500	Pumping			NOV 1 0 2022
		3:15	47.4	500	Pumping			
		3:30	47.4	500	Pumping			
		3:45	47.5	500	Pumping			OWRI
	4:00	4:00	47.5	500	Pumping			
		4:15	47.5	500	Pumping			
		4:30	47.5	500	Pumping			
		4:45	47.5	500	Pumping			
	5:00	5:00	47.5	0	Recovery			STOP
		5:01	32.3	0	Recovery			
		5:02	30.1	0	Recovery			
10-09-21		5:03	28.8	0	Recovery			

