

**CLAIM OF
BENEFICIAL USE
for Groundwater Permits
claiming more than 0.1 cfs**



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

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**OWRD
SALEM, OREGON**

**A fee of \$230 must accompany this form for permits
with priority dates of July 9, 1987, or later.**

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:

<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-979-9103.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION # G-16980	PERMIT # (IF APPLICABLE) G-16471	PERMIT AMENDMENT # (IF APPLICABLE) T-
---------------------------------	--	---

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Sam McDaniel		PHONE NO. 541-620-0242	ADDITIONAL CONTACT NO.
ADDRESS 27972 Little Indian Creek Rd			
CITY John Day	STATE OR	ZIP 97845	E-MAIL

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. ***Each*** permit holder of record must sign this form.

3. Permit holder of record (this may, or may not, be the current property owner):

PERMIT HOLDER OF RECORD Sam McDaniel		
ADDRESS 27972 Little Indian Creek Rd		
CITY John Day	OR OR	ZIP 97845

ADDITIONAL PERMIT HOLDER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

August 17, 2022

5. Person(s) interviewed and description of their association with the project:

NAME	DATE	ASSOCIATION WITH THE PROJECT
Sam McDaniel	August 17, 2022	Owner

6. County:

Grant

7. If any property described in the place of use of the permit is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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SECTION 2 SIGNATURES

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



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CWRE NAME Robert D. Baggett		PHONE NO. 541-620-0717		ADDITIONAL CONTACT NO. 541-575-1251	
ADDRESS P. O. Box 476					
CITY John Day	STATE OR	ZIP 97845	E-MAIL bobbagett@gmail.com		

Permit Holder of Record Signature or Acknowledgement

Each permit holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Sam McDaniel	Owner	12/14/2022

SECTION 3

CLAIM DESCRIPTION

1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well #1	GRAN 50906	85022

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. Point of appropriation source, if indicated on permit:

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well #1	Indian Creek Basin	NA

3. Developed use(s), period of use, and rate for each use:

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well #1	Supplemental Irrigation	Hay	April 1- Sept. 30	0.545 cfs
Total Quantity of Water Used				0.545 cfs

4. Provide a general narrative description of the distribution works. This description must trace the water system from each point of appropriation to the place of use:

Water is pumped from Well #1 via 6" buried PVC mainlines to Pivot #1, Pivot #2 and Pivot #3.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. YES

(e.g. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

The permit allowed 60.0 acres of supplemental irrigation. The Water user only developed 43.6 acres.

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6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well #1	0.75 cfs	0.545 cfs	NA	Supplemental Irrigation	60.0	43.6

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs?

NO

If "YES" you will need to copy and complete a separate Section 4 for each POA.

POA Name or Number this section describes (only needed if there is more than one):

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NO

A. Place of Use

1. Is the right for municipal use?

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLot	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
13S	33E	WM	19	NESW			Supp. Irr.		14.4
13S	33E	WM	19	NWSW	3		Supp. Irr.		8.7
13S	33E	WM	19	SWSW	4		Supp. Irr.		0.1
13S	33E	WM	19	SESW			Supp. Irr.		20.4
Total Acres Irrigated									43.6

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLot), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLot, and QQ.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

If "NO", items 2 through 4 relating to this section may be deleted.

2. Describe the access port (type and location) or other means to measure the water level in the well:

Access port is 1" in diameter on north side of the well cap, 39" above ground level.

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
8"	+3 to 137	300	8/01/2007	NA	Sam McDaniel	James Neal
6"	0 to 300	300				

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

NA

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)?

NO

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If "NO", items 2 through 4 relating to this section may be deleted.

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Franklin	Gold CS100	N/A	Submersible	3"	6"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Pentech	10

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
10	50	252'	-22'	0.20 cfs

5. Provide pump calculations:

See attached Exhibit A.

6. Measured Pump Capacity (using meter if meter was present and system was operating):

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Not in operation on the	day of my inspection.		

Reminder: For pump calculations use the reference information at the end of this document.

7. Is the distribution system piped?

YES

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
Well to Pivot #1=6"	645'	PVC	Buried
Pivot #1 to Pivot #2=6"	870'	PVC	Buried
Pivot #2 to Pivot #3=6"	870'	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
NA			

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
See Pivot	Information				

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. Drip Emmitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
NA					

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
NA					

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Pivot #1- Greenfield	471'	34.5	110 gpm..	0.245 cfs
Pivot #2- Greenfield	401'	34.5	110 gpm	0.245 cfs
Pivot #3-Greenfield	471'	34.5	110 gpm	0.245 cfs

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?

NO

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a:

Storage Tank

Bulge in System / Reservoir

NO

NO

Complete appropriate table(s), unused table may be deleted.

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F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

NO

If "NO", items 2 through 4 relating to this section may be deleted.

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

NO

If "NO", items 2 through 4 relating to this section may be deleted.

H. Additional notes or comments related to the system:

Irrigation accomplished by rotation as needed.

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SECTION 5 CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	April 23, 2009		
BEGIN CONSTRUCTION (A)	April 23, 2009	July 30, 2007	Begin well drilling
COMPLETE CONSTRUCTION (B)	October 1, 2022	June 1, 2021	Installed flowmeter
COMPLETE APPLICATION OF WATER (C)	October 1, 2022	June 1, 2021	Use made with meter in place.

* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)?

YES

If "NO", items a and b relating to this section may be deleted.

a. Did the Extension Final Order require the submittal of Progress Reports?

NO

If "NO", item b relating to this section may be deleted.

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement?

YES

If "NO", items b through d relating to this section may be deleted.

b. What month was the initial measurement to be taken in?

March

c. Was the measurement submitted to the Department?

YES

d. If the initial measurement was not submitted, provide that measurement now, if available:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements?

YES

If "NO", items b through e relating to this section may be deleted.

b. Provide the month, or months, the static water level measurement(s) were to be made:

March

c. Were the static water level measurements taken in the month(s) required? YES

d. If "YES", were those measurements submitted to the Department? YES

e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

5. Pump Test:

a. Did the permit require the submittal of a pump test? YES

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

If "NO", items b through e relating to this section may be deleted.

b. Has the pump test been previously submitted to the Department? NO

c. Is the pump test attached to this claim? YES

d. Has the pump test been approved by the Department? NO

e. Has a pump test exemption been approved by the Department? NO

**** Claims will not be reviewed until a pump test or exemption has been approved by the Department**

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? YES

If "NO", items b through f relating to this section may be deleted.

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion or appropriation.

b. Has a meter been installed? YES

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well #1	Growsmart	GT1906 1440	Working	4095	June 1, 2021

If a meter has been installed, items d through f relating to this section may be deleted.

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7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? **YES**

If "NO", item b relating to this section may be deleted.

b. Have the reports been submitted? **YES**

If the reports have not been submitted, attach a copy of the reports if available.

8. Other conditions required by permit, permit amendment final order, or extension final order:

a. Were there special well construction standards? **NO**

b. Was submittal of a ground water monitoring plan required? **NO**

c. Was submittal of a water management and conservation plan required? **NO**

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

WELL ID #	DATE ATTACHED TO WELL
85022	Unknown

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e. Other conditions? **NO**

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

d. Well tag is attached.

SECTION 6**ATTACHMENTS**

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	DESCRIPTION
Exhibit A	Pump Capacity Calculations
Exhibit B	Pump Test

SECTION 7**CLAIM OF BENEFICIAL USE MAP**

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

Used GPS in RTK mode to locate the brass cap monument at the SW corner of Section 19, T.13S., R.33E., Well# 1, mainlines and the three pivots.

Map Checklist

Please be sure that the map you submit includes ALL the items listed below.

(Reminder: Incomplete maps and/or claims may be returned.)

- X** Map on polyester film
- X** Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- X** Township, Range, Section, Donation Land Claims, and Government Lots
- X** If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- N/A** Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- X** Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- X** Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- X** Point(s) of diversion or appropriation (illustrated and coordinates)
- X** Tax lot boundaries and numbers
- N/A** Source illustrated if surface water
- X** Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- X** Application and permit number or transfer number
- X** North arrow
- X** Legend
- X** CWRE stamp and signature

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Pump Capacity Calculation Sheet

using Department designed formula:

$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 10
Efficiency = 7.04
Lift = 230
PSI = 50

Results Calculated

$(hp)(\text{efficiency}) = 70.4$
Head based on psi = 127.0
Total dynamic head = 357.0
(head + lift)

Pump Capacity = 0.20 cfs

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SAM MCDANIEL

PERMIT G-16471

EXHIBIT A



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PUMP TEST FORM
COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME: Sam McDaniel		PHONE No.: 541-620-0242	ADDITIONAL CONTACT No.:
ADDRESS: 27972 Indian Creek Rd			
CITY: John Day	STATE: Or	ZIP: 97845	E-MAIL: sammcdaniel0242@gmail.com

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Matt Nonnenmacher	QUALIFICATION: (SELECT) Pump Installer ☒	LICENSE #: CP144
COMPANY: Clearwater Pump & Irrigation	PHONE No.: 541-573-1260	ADDITIONAL CONTACT No.:
ADDRESS: 997 Oregon Ave		
CITY: Burns	STATE: Or	ZIP: 97720 E-MAIL: nonnenm@acwinc.net

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
GRAN50906	L- 85022		300'	Sam McDaniel	09/19/2007	08/24/2022

(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)

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-	G-	T-		☐ Yes ☒ No (Need MWE Form)
G-	G-	T-		☐ Yes ☒ No (Need MWE Form)
G-	G-	T-		☐ Yes ☒ 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: 30' ft.
Well elevation is above the surface water body. Approximate elevation difference: 5' ft.

☒ Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: Pivot
How far from the pumped well was water discharged? 700' ft.

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

EXHIBIT B-1/4

OWRD20200115



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PUMP TEST FORM
COVER SHEET

Water-Level Measurement Method: ☒ Electric Tape

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: _____

Discharge Measurement Method: ☒ Flowmeter

Flowmeter (if used): _____

Manufacturer: GrowSMART IM3000 Serial #: GT19061440

Date Last Calibrated: _____ Units: GPM

Pump Type: ☒ Submersible

HP: 10 Pump set at: 280 feet.

Pump idle time: App 24 Hours

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 2 feet.

Description (e.g., top port of 1 inch port pipe, west side) _____

2" Port on SE Side of Well

Time pump turned on: Date 08/24/2022 Time 9:00 A.M.

Time pump turned off: Date 08/24/2022 Time 1:15 P.M.

Total pumping time: 4 hours 15 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=1BdwLynsYAPNSQW330ZjSFZuMscp4Hfil-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: 8/24/2022

OWNER SIGNATURE: _____ DATE: _____

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

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B-2/4



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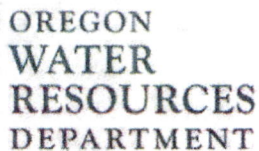
PUMP TEST FORM
DATA SHEET

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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
Gran50906	L- 85022		300'	Sam McDaniel	09/19/2007	08/24/2022

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
8/24/22	8:10 A.M.		80.3'	0	Pre-test			
8/24	8:30		80.3'	0	Pre-test			
8/24	8:50		80.3'	0	Pre-test			
8/24	9:00	0	104.4'	115			115	
8/24	9:02	2	122.8'	115	Pumping ☐		115	
8/24	9:04	4	146.0'	112	☐		112	
8/24	9:06	6	170.7'	106	☐		106	
8/24	9:08	8	194.5'	100			100	
8/24	9:10	10	210.3'	94			94	
8/24	9:15	15	248.6'	85			85	
8/24	9:20	20	252.5'	84			84	
8/24	9:25	25	253.0'	84			84	
8/24	9:30	30	254.8'	82			82	
8/24	9:45	45	254.8'	82			82	
8/24	10:00	60	254.8'	82			82	
8/24	10:15	75	255.0'	82			82	
8/24	10:30	90	255.0'	82			82	
8/24	10:45	105	255.2'	82			82	
8/24	11:00	120	255.2'	82			82	
8/24	11:15	135	255.2'	82			82	
8/24	11:30	150	255.2'	82			82	
8/24	11:45	165	255.5'	82			82	
8/24	12:00	180	255.5'	82			82	
8/24	12:15	195	255.5'	82			82	
8/24	12:30	210	255.5'	82			82	
8/24	12:45	225	255.5'	82			82	
8/24	1:00	240	255.5'	82			82	
8/24	1:15	255	255.5'	82	Pumping ☐		82	
8/24	1:15		238.4'	0	Recovery ☐			
8/24	1:17		204.9'	0				
8/24	1:19		195.6'	0				
8/24	1:21		190.2'	0				
8/24	1:23		184.0'	0				
8/24	1:25		177.3'	0				
8/24	1:30		143.8'	0				
8/24	1:35		127.7'	0				
8/24	1:40		106.4'	0				
8/24	1:45		99.2'	0				
8/24	2:00		94.0'	0				

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DEC 16 2022

OWRD
SALEM, OREGON

PUMP TEST FORM DATA SHEET

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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
Gran50906	L- 85022		300'	Sam McDaniel	09/19/2007	8/24/2022

[illegible]

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