



POD-ID = :

MORR 140

# Oregon Water Resources Department PUMP TEST FORM COVER SHEET



### Well Owner:

Name Claude Craham  
Address RT 2 Box 2135  
County Morrow  
City, State, Zip Heppner, Ore

Well Location:  
UID- 9738  
Township 2 (N or S), Range 26 (E or W)  
Section 18 1/4, 1/4, 1/4 S.E. 1/4  
Well Depth 178' Date Drilled 10/26  
Owners Well No. (if any) #2

USER-ID 9738  
Date 9/29/92  
POD-ID  
21779

### Water Right Information:

Application No. \_\_\_\_\_ Permit No. G-7211 Certificate No. 53730  
Does this pump test apply to more than one water right? \_\_\_\_\_ If Yes, fill out numbers below:  
App. No. \_\_\_\_\_ Permit No. G-7210 Cert. No. 53472  
App. No. \_\_\_\_\_ Permit No. \_\_\_\_\_ Cert. No. \_\_\_\_\_

### Pump Test:

Test conducted by: Joe Yocum Well Owner? N (Y/N)  
Company Morrow County Grain Growers  
Address P.O. Box 367  
City, State, Zip Lexington, Ore 97855 Date of Test 7-31-90

Method of Discharge Measurement: Flow Meter. FM  
Method of Water Level Measurement: \_\_\_\_\_ LZ  
Depth of Air Line (if used) \_\_\_\_\_  
Pump Type: Turbine 50 N.P. PT  
Was pump test conducted during normal use of the well? Yes (Y/N)  
Description of point from which water level was measured: Well Head. MC

Are you aware of any wells, other than domestic or stock wells, pumping within 1000 feet of the tested well during the test or within 24 hours prior to the test? No (Y/N). If yes, give approximate distances to each and approximate pumping rate of each. If possible, indicate if they were turned on or off during the test: \_\_\_\_\_

Is there a lake, stream or other surface water body within 1/4 mile of the tested well? Y (Y/N)  
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approximate distance: 1/4 mile Approximate elevation difference: 50'  
Is well elevation above or below the surface water body? Above

### Static water level measurements: (Three measurements at least 20 minutes apart are required in the hour before pumping begins):

Time: <u>7:00 A.M.</u>	Depth to Water: <u>95 Feet.</u>
Time: <u>7:20 A.M.</u>	Depth to Water: <u>95</u>
Time: <u>7:40 A.M.</u>	Depth to Water: <u>95</u>

### Discharge Measurements: (A discharge measurement is required at the start of pumping and once an hour during the test):

Time: <u>7 A.M.</u>	Discharge Rate: <u>600 G.P.M.</u>
Time: _____	Discharge Rate: <u>450</u>
Time: _____	Discharge Rate: <u>450</u>
Time: _____	Discharge Rate: <u>450</u>
Time: _____	Discharge Rate: _____

Pump turned on: Date: 7-31-90 Time: 7 A.M. Pump turned off: Date: 7-31-90 Time: 12 A.M.  
Total pumping time: 5 4 hours, \_\_\_\_\_ minutes.  
*KCW*

Note: Well must be idle for at least 16 hours prior to the test.

STATE OF OREGON WATER RESOURCE DEPARTMENT  
**PUMP TEST DATA SHEET**

APPLICATION NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

All water level measurements must either be in 1) feet and inches, or 2) (feet and decimal fractions) (Circle one)

**DRAWDOWN DATA**

**RECOVERY DATA**

DATE	TIME	TIME SINCE PUMP STARTED (minutes)	WATER LEVEL MEASUREMENT	CORRECTION IF ANY	DEPTH TO WATER	COMMENTS	DATE	TIME	TIME SINCE PUMP STOPPED (minutes)	WATER LEVEL MEASUREMENT	CORRECTION IF ANY	DEPTH TO WATER	COMMENTS
7-31-90	8:02		133'		133'		7-31-90	12:10		112'			
	8:04		133'		132'			12:15		109			
	8:06		133'		133'			12:20		109			
	8:08		133'		133'			12:25		108.5			
	8:10		133'		133'			12:30		108			
	8:15		126'					12:45		110			
	8:20		125'					1:00		111			
	8:25		126					1:15		110			
	8:30		126'					1:30		110			
	8:45		127					1:45		110			
	9:00		128					2:00		110			
	9:15		129					2:15		109			
	9:30		129					2:30		109			
	9:45		130					2:45		109			
	10:00		130					3:00		108			
	10:15		130					3:15		108			
	10:30		131					3:30		107			
	10:45		131					3:45		107			
	11:00		131					4:00		106			
	11:15		132										
	11:30		132										
	11:45		132										
	12:00		132										