

**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

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

**SECTION 1
GENERAL INFORMATION**

1. File Information:

APPLICATION # G-15131	PERMIT # (IF APPLICABLE) G-13909	PERMIT AMENDMENT # (IF APPLICABLE) T-NA
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Lazy River Vineyard LLC		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS PO Box 13624			
CITY Portland	STATE OR	ZIP 97213	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 Lazy River Vineyard LLC		
ADDRESS 6947 Coal Creek Parkway SE 274 (Update to: PO Box 13624)		
CITY New Castle (Update to: Portland)	STATE WA (UPDATE TO: OR)	ZIP 98059 (UPDATE TO: 97213)

ADDITIONAL PERMIT HOLDER OF RECORD Ned and Kirsten Lumpkin (Please note: Ned Lumpkin has passed away. See attached Assignment to Jeff Lumpkin)		
ADDRESS 6947 Coal Creek Parkway SE 274		
CITY New Castle	STATE WA	ZIP 98059

4. Date of Site Inspection:

May 1, 2025

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Zakary Laster	May 1, 2025	Advanced Vineyard Systems – General Manager

6. County

Yamhill County

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

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.

Seal and Signature





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CWRE NAME Doann Hamilton		PHONE NO. (503) 632-5016	ADDITIONAL CONTACT NO. (503) 349-6946
ADDRESS 18487 S. Valley Vista Road			
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@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
	KIRSTEN LUMPKIN	OWNER	MAY 28, 2025
	JEFFREY LUMPKIN	OWNER	MAY 28, 2025

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	YAMH 52445	L-42483

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	North Yamhill River Basin	Yamhill River

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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	Irrigation	Grapes for Wine	March 1 through October 31	0.06 cfs
Total Quantity of Water Used				0.06 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:

Well 1 (YAMH 52445) is located in a small shed on top for the hill. Water is pumped from the well using a 5 Hp submersible pump to convey water through 2 feet of 1.5 inch galvanized pipe with a meter to the east. The pipe angles down under ground where it connects to 1.5 inch PVC buried mainline. The mainline extends to the east into a store room on the east end of the equipment bay. A 2 inch PVC pipe comes up into the storeroom in the northeast corner and angles south reducing to 1.5 inch PVC. The 1.5 inch PVC has a tee with one line angling off and extending outside to supply a faucet outside on the northeast side of the building. The other 1.5 PVC continuing south to a four way connection. One line extends east and reduces to a 1 inch PVC to supply the Eye wash station outside the shed on the east side. Another line connects to the 82 gallon pressure tank. The last line extends west and has a tee, the line heading north supplies the house, the other line continuing west then angling up expanding to a 2 inch PVC. This line then angles east with a back flow protection then angles north where chemicals can be added before angling back down and into the ground in the north east corner of the storeroom. Outside the buried 2 inch PVC reduces down to a 1.5 buried PVC and extends east-west along the top edge of the fields. In the middle, the mainline extends south tees to the west along the tops of the other fields in the lower section of the hill.

The 1.5 inch PVC mainline supplies 1.25 inch buried PVC line that extends along the tops of each field. From this 1.25 inch lateral, one line of 5/8 tubing extends out to each row connecting to 0.5 inch polyethylene line with 0.5 gph emitters every 5 feet.

Two of the zones can be irrigated at the same time as needed on the hottest of days.

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).

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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.")

1. The place of use was revised to include reference to the DLC and/or Government Lot and to show the place of use reduced based on field verification:

Original authorized place of use:

2S	4W	19	SWNW	19.05
2S	4W	19	SENW	6.35
2S	4W	19	NESW	15.87
2S	4W	19	NWSW	40.0
2S	4W	19	SWSW	7.41
2S	4W	19	SESW	4.94
2S	5W	24	SENE	9.52
2S	5W	24	NESE	21.52
2S	5W	24	SESE	<u>11.99</u>

Total: 136.65

Revised place of use:

2S	4W	19	SWNW	DLC 46	11.5
2S	4W	19	SENW	DLC 46	7.6
2S	4W	19	NESW	DLC 46	3.2
2S	4W	19	NWSW	DLC 46	7.3
2S	5W	24	SENE	DLC 38	6.5
2S	5W	24	NESE	DLC 38	<u>4.6</u>

Total: 40.7

2. The authorized Well 2 (YAMH 52228 /L-37646) was not performing well and has not been used; therefore, Well 2 is not included in this Claim of Beneficial Use.

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	0.20 cfs	0.06 cfs	Not measured	Irrigation	136.65	40.7

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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):

Well 1

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A. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
2S	4W	WM	19	SWNW	NA	46	Irrigation	11.5	NA
2S	4W	WM	19	SEnw	NA	46	Irrigation	7.6	NA
2S	4W	WM	19	NESW	NA	46	Irrigation	3.2	NA
2S	4W	WM	19	NWSW	NA	46	Irrigation	7.3	NA
2S	5W	WM	24	SENE	NA	38	Irrigation	6.5	NA
2S	5W	WM	24	NESE	NA	38	Irrigation	4.6	NA
Total Acres Irrigated								40.7	NA

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:

Airline installed through ½ inch port through the sanitary seal on the west side of the well casing.

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
See Well Log YAMH 52445						

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.

See Well Log YAMH 52445

C. Groundwater Source Information (Sump)

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

NO

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
Grundfos	25S50-26	Unknown	Submersible	1.5 inch	1.5 inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin Electric	5 Hp

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)
5 Hp	30-60 psi	177.0 feet (from permit condition pump test)	- 200 feet	0.27 to 0.66 cfs

5. Provide pump calculations:

PSI 30	$Q \text{ Pump} = \frac{(5 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(-23 \text{ ft lift} + 76.2 \text{ ft pressure head})} = 0.66 \text{ cfs}$
PSI 60	$Q \text{ Pump} = \frac{(5 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(-23 \text{ ft lift} + 152.4 \text{ ft pressure head})} = 0.27 \text{ cfs}$

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 running during site visit			

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
1.5 inch	~5,750 feet	PVC	Buried
1.5 inch	~2 feet	Galvanized pipe	Above ground and buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
1.25 inch	~6,400 feet	PVC	Buried
0.625 inch	~1,200 feet	Polyethylene	Above ground and buried
0.5 inch	~260,000 feet	Polyethylene	Above ground

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
NA					

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
Netafim PCJ emitters (Red and Black)	30-40 psi	0.5 gph or 0.0083 gpm	47,098	3,500	0.06 cfs

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)
NA				

E. Storage

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

YES

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

If "YES" is it a: Storage Tank
 Bulge in System / Reservoir

YES

NO

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Metal	86 gallons	Above Ground

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.

Attach measurement notes.

H. Additional notes or comments related to the system:

Meter also records domestic use for one home.

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	May 24, 2001		
BEGIN CONSTRUCTION (A)	NA	NA	NA
COMPLETE CONSTRUCTION (B)	NA	NA	NA
COMPLETE APPLICATION OF WATER (C)	October 1, 2005 extended to: October 1, 2025	2017	All the permit conditions were met and water was put to full use.

* 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? **YES**

Progress Report is due: October 1, 2019

Progress Report is due: October 1, 2024

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

b. Were the Progress Reports submitted? **YES**

Progress Report due: October 1, 2019 was received October 4, 2019

Progress Report due: October 1, 2024 was received September 9, 2024

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

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: **Initial plus one only**

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**

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- c. Is the pump test attached to this claim? **YES**
- d. Has the pump test been approved by the Department? **Unknown**
- 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	Hersey	0009233	Working	20,765,018 gallons (May 1, 2025)	Early 2001

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

7. Recording and reporting conditions:

- a. Is the water user required to report the water use to the Department? **NO**

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

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	WELL ID #	DATE ATTACHED TO WELL
Well 1	L-42483	November 2000

- e. Other conditions? **YES**

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

e1) Condition per the extension FO issued August 7, 2015:

"This is to be the last extension of time granted for Permit G-13909. Any future extension of time requests will be denied."

Compliance:

No additional extensions were submitted.

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SECTION 6
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use Map	Claim of Beneficial Use Map
State Water Well Report – YAMH 52445	Well log and driller's notes for YAMH 42445 – Well 1
BLM Cadastral Map	BLM Cadastral Map T. 2S. R. 4W. showing DLC and Government Lot locations
BLM Cadastral Map	BLM Cadastral Map T. 2S. R. 5W. showing DLC and Government Lot locations
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well 1 (YAMH 42445) conducted April 9, 2025
Request for Assignment	Assignment to Lazy River Vineyard LLC c/o Jeff Lumpkin
Death Certificate	Death Certificate for Ned Lumpkin

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.

**The COBU map was prepared using tax assessor's maps 2 4 19, 2 5 24, and 2 5 25, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources Conservation Service, Image Metadata:
<http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html>**

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.)

- ☒ Map on polyester film
- ☒ Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- ☒ Township, Range, Section, Donation Land Claims, and Government Lots
- ☒ If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- ☐ Locations of fish screens and/or fish by-pass devices in relationship to point of diversion

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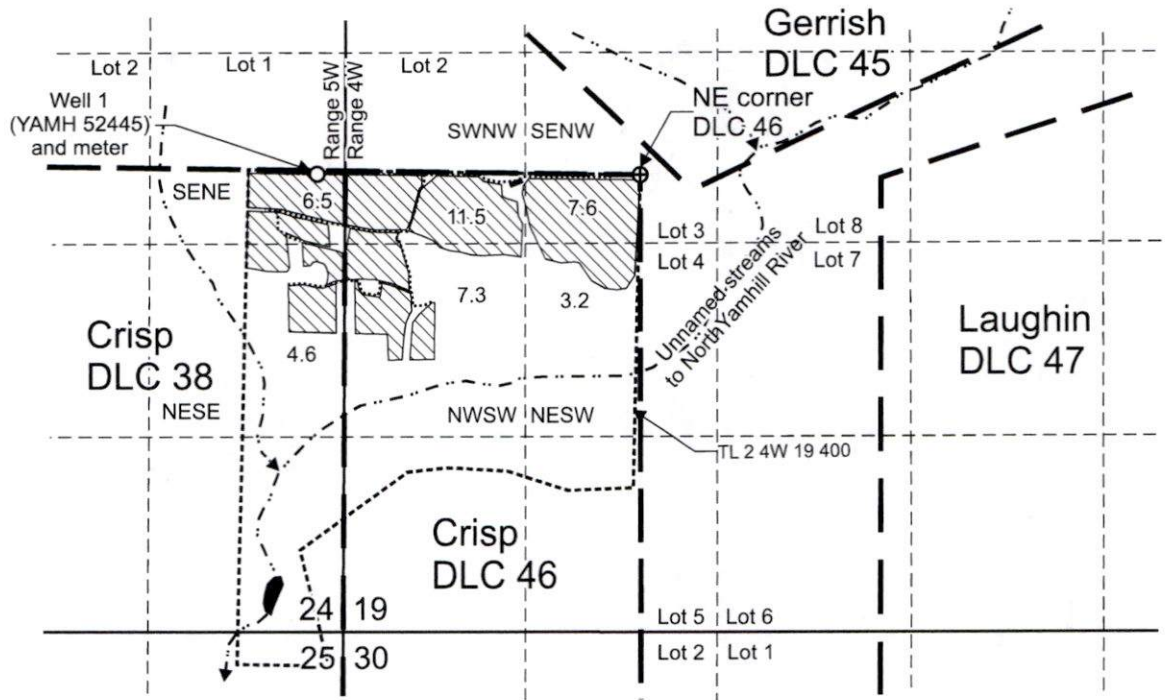
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- ☒ Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- ☒ Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- ☒ Point(s) of diversion or appropriation (illustrated and coordinates)
- ☒ Tax lot boundaries and numbers
- ☐ Source illustrated if surface water
- ☒ Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

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T.2S. R.4W. Section 19, and T.2S. R.5W. Section 24, W.M.



Well 1 (YAMH 52445) is located 36 feet south and 2,165 feet west from the NE corner, DLC 46.

 Area (40.7 Acres) irrigated under Application G-15131, Permit G-13909.

----- Tax lot boundary

— . — Donation Land Claim boundary

..... Water main line

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Scale: 1" = 1,320'



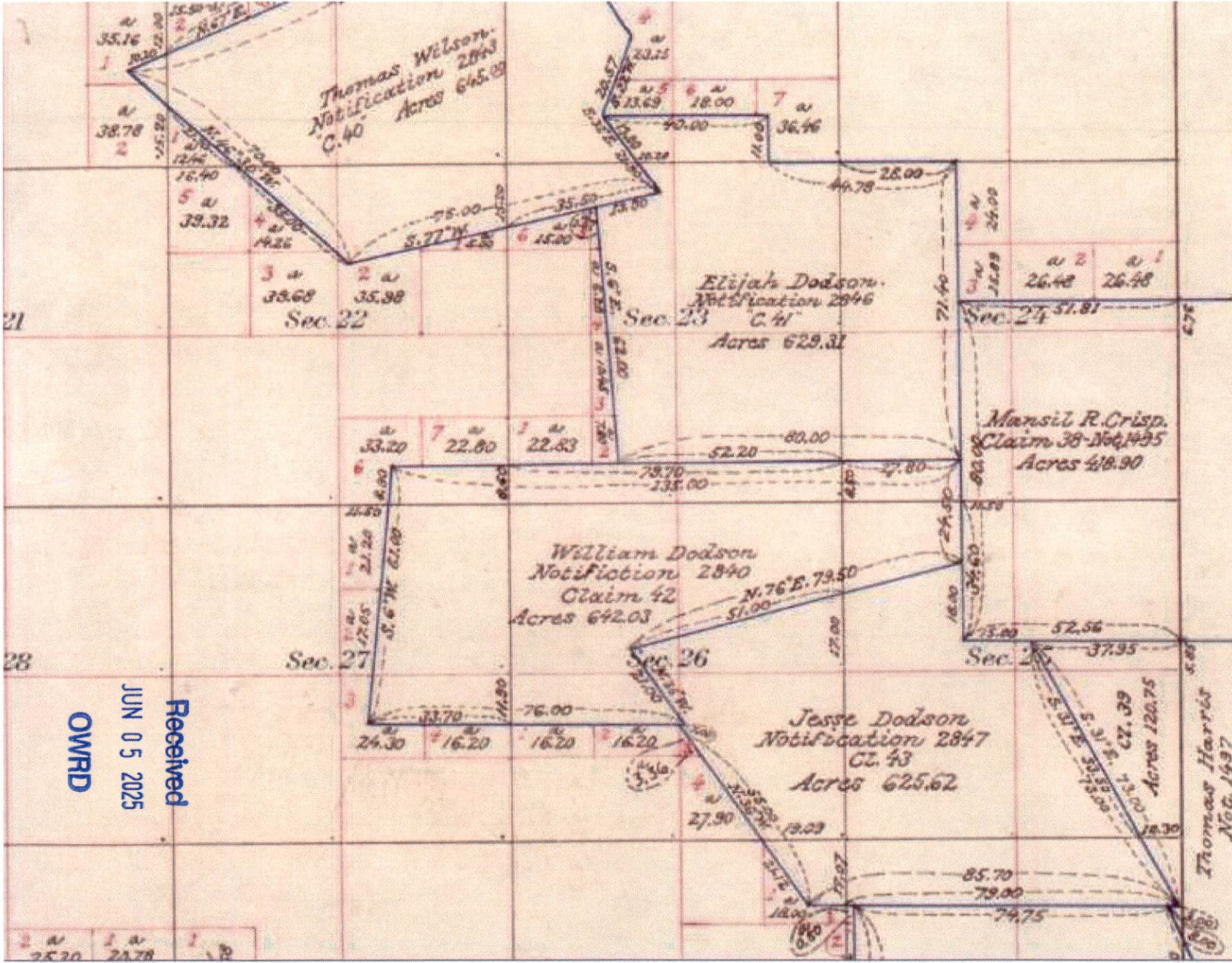
This map was prepared for the purpose of identifying the location of a water right only and is not intended to provide legal dimensions or location of property ownership lines.

Claim of Beneficial Use Map
Application G-15131, Permit G-13909

Lazy River Vineyard LLC
T.2S. R.4W. Section 19 and
T.2S. R.5W. Section 24 W.M.

Pacific Hydro-Geology Inc.

05/2025



I certify this
plat on file in the
U.S. Surveyor
Portland, Ore

Area
Public Land
Indian Reservation
Indian Allotment
Mineral Claim

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PUMP TEST FORM
COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME: Lazy River Vineyard LLC c/o Ned and Kristen Lumpkin		PHONE No.:	ADDITIONAL CONTACT No.:
ADDRESS: 6947 Coal Creek Parkway SE 274			
CITY: New Castle	STATE: WA	ZIP: 98059	E-MAIL:

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Scott Garstka	QUALIFICATION: (SELECT) Pump Installer	LICENSE #:
COMPANY: Phillips Pump	PHONE No.: 503-538-6669	ADDITIONAL CONTACT No.:
ADDRESS: 14375 NE Stone Rd		
CITY: Newberg	STATE: OR	ZIP: 97132
E-MAIL: phillipsump@frontier.com		

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
YAMH 52445	L- 42483	Well 1	304	Ned Lumpkin	11-28-2000	4-9-25

(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)
2S	5W	24	SENE	36' S and 2165' W from the NE corner, DLC 46		

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- 15131	G- 13909	T- NA	NA	<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)
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: _____ ft.
Approximate elevation difference: _____ ft.

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

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

OWRD20200115



OREGON
WATER
RESOURCES
DEPARTMENT

Received

JUN 05 2025

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PUMP TEST FORM
COVER SHEET

Water-Level Measurement Method: airline

Length of air line (if used): estimate 275'

*Verify here:

{ Airline: 765 psi 98'3" feet.
E-Tape: 97'10" feet.

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

Pressure transducer (if used):

Manufacturer: _____ Serial #: _____

Date Last Calibrated: _____ Units: _____

Discharge Measurement Method: Used (2) 15gpm Dekt

Flowmeter (if used): _____ Valpro

Manufacturer: _____ Serial #: _____

Date Last Calibrated: _____ Units: _____

Pump Type: Grundfos 25550-26'

HP: 5 Pump set at: 273' feet.

Pump idle time: At least 19 hrs 19

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 10.5' feet. .875'

Description (e.g., top port of 1 inch port pipe, west side) Airline sits on top of well seal

note: estate could not get lower than 100' so had to use the airline

Time pump turned on: Date 4-9-25 Time 9:00 AM

Time pump turned off: Date 4-9-25 Time 1:00 PM

Total pumping time: 4 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=1BdwLynsYAPNSQW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSsl-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

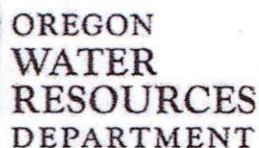
I hereby certify that this test has been conducted in accordance with OAR 690-217:

OPERATOR SIGNATURE: [Signature] DATE: 4-9-25

OWNER SIGNATURE: [Signature] DATE: 4-14-25

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

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PUMP TEST FORM
DATA SHEET
Page 2 of 2

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
Yamb 127504	L-42483	Ned Lumpkins	304'	Same	11-2000	4-9-25

[illegible]