

**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.**

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-17276	PERMIT # (IF APPLICABLE) G-16745	PERMIT AMENDMENT # (IF APPLICABLE) T-
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JUL 14 2025

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Received

JUN 26 2025

OWRD

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Lane Forest Products, Inc		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 2111 Prairie Road			
CITY Eugene	STATE OR	ZIP 97402	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 Same as Above		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

7-23-24

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Ed Smith	7-23-24	Manager

6. County:

Lane

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		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

Received
JUL 14 2025
OWRD

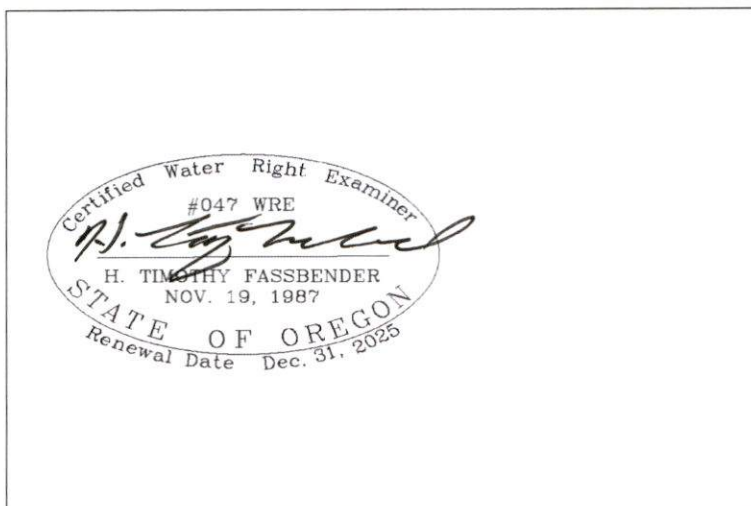
Received
JUN 26 2025

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.



CWRE NAME H. Timothy Fassbender		PHONE NO. 541-485-3136	ADDITIONAL CONTACT NO. 541-913-0216
ADDRESS 2896 Sarah Lane			
CITY Eugene	STATE OR	ZIP 97408	E-MAIL htimfass@aol.com

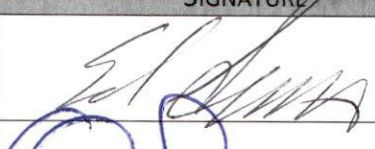
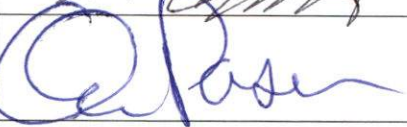
Permit Holder of Record Signature or Acknowledgement

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.

Received
JUL 14 2025
OWRD

Received
JUN 26 2025
OWRD

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Ed Smith	EHS Manager	6/24/2025
	Owen Pasner	VP	7/9/25

Received
JUN 26 2025
OWRD

Received
JUL 14 2025
OWRD

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	Lane 69951	100675

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	Flat Creek	

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	Industrial		Year Around	0.033 CFS
Total Quantity of Water Used				

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 pumped from well to underground mainline to big gun irrigator

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.

NO

(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.")

6. Claim Summary:

Received
JUL 14 2025
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Received
JUL 26 2025
OWRD

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well	0.67 CFS	0.033 CFS	0.032 CFS	Industrial	None listed	

Received
JUN 26 2025
OWRD

Received
JUN 26 2025
OWRD

Received
JUL 14 2025
OWRD

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):

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
16S	4W	WM	17	SW/NE			Industrial		
Total Acres Irrigated									

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:

Inspection port on top of well head

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						

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.

C. Groundwater Source Information (Sump)

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

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JUL 14 2025

Received NO

JUN 26 2025

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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
Unknown			Submersible	2"	2"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Unknown	15HP

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)
15HP	40 PSI	30 ft	5 ft	0.033 CFS

5. Provide pump calculations:

$(15)(7.04)/(35)(92.4)=0.033 \text{ CFS}$

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)
99598.5	99783	15 min	0.032 CFS

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

Received
JUL 14 2025
OWRD

Received
JUN 26 2025
OWRD

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)
NA					

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)
NA				

E. Storage

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

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?

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

NO
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JUL 14 2025
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NO
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JUN 26 2025
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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

H. Additional notes or comments related to the system:

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JUN 25 2025

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Received
JUL 14 2025
OWRD

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JUN 26 2025

Received

JUL 14 2025

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SECTION 5 CONDITIONS

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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	June 17, 2010		
BEGIN CONSTRUCTION (A)	July 2010		Pump in place
COMPLETE CONSTRUCTION (B)			
COMPLETE APPLICATION OF WATER (C)	March 2012		System completed

* 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)?

NO

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?

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

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:

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

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? **Received NO**

c. Is the pump test attached to this claim? **Received JUN 26 2025 NO**

d. Has the pump test been approved by the Department? **JUL 14 2025 OWRD NO**

e. Has a pump test exemption been approved by the Department? **OWRD 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	0911700	Working	99783	June 2010

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 ID #	DATE ATTACHED TO WELL
100675	9-2009

- 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):

--

SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well Log 69951	Well Log

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.

Traverse and GPS survey methods

Received
JUL 14 2025
OWRD

Received
JUN 26 2025
OWRD

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
- ☒ 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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JUL 14 2025
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Received
JUN 26 2025
OWRD

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

09-21-2009

WELL LABEL # L 100675

START CARD # 1008121

Revised 2/25/11

(1) LAND OWNER

Owner Well I.D.

First Name

Last Name

Company LANE FOREST PRODUCTS

Address 2111 PRAIRIE RD

City EUGENE

State OR

Zip 97402

(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

☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ Attach copy

Depth of Completed Well 196.00 ft.

BORE HOLE

SEAL

sacks/

Dia	From	To	Material	From	To	Amt	lbs
12	0	19	Cement	0	19	16	S
8	19	196					

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

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8		4	155	.25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6		154	196	sdr26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe ☒ Inside ☐ Outside ☐ Other Location of shoe(s) 155

Temp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type FACTORY

Material stainless steel

Perf/S	Casing/	Screen	Dia	From	To	Scr/slot	Slot	# of	Tele/
creen	Liner					width	length	slots	pipe size
Screen		6	154	196	.01			10,000	6

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

300 154 1

Temperature 56 °F Lab analysis ☐ Yes By

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Lane Twp 16.00 S N/S Range 4.00 W E/W WM

Sec 17 NE 1/4 of the SW 1/4 Tax Lot 504

Tax Map Number

Lot

Lat ° ' " or DMS or DD

Long ° ' " or DMS or DD

☐ Street address of well ☒ Nearest address

1/4 MILE N. OF MILLIRON RD., HWY 99 N, E. SIDE, JUNCTION CITY, OR

(10) STATIC WATER LEVEL

Existing Well / Predeepening Date SWL(psi) + SWL(ft)

Completed Well 09-18-2009 35

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 35

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
09-18-2009	35	184	300		35

(11) WELL LOG

Ground Elevation

Material	From	To
TOP SOIL	0	1
BROWN CLAY	1	10
GRAVEL	10	70
SANDY BLUE CLAY WITH GRAVEL	70	154
BLACK SAND	154	184
BLUE CLAY	184	196

Date Started 09-17-2009 Completed 09-18-2009

(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 1776

Date 09-21-2009

Electronically Filed

Signed DOUGLAS D TUCKER (E-filed)

(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 1541

Date 09-21-2009

Electronically Filed

Signed CASEY JONES JR (E-filed)

Contact Info (optional) Casey Jones Well Drilling Co., Inc. 541-747-2806

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.95



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JUL 14 2025
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JUN 26 2025
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PUMP TEST FORM
COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME: Lane Forest Products		PHONE NO.: 541-345-9085	ADDITIONAL CONTACT NO.:
ADDRESS: 2111 Prairie Rd			
CITY: Eugene	STATE: OR	ZIP: 97402	E-MAIL: esmith@laneforest.com

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Sirdarus Williams	QUALIFICATION: (SELECT) Pump Installer	LICENSE #: 38493
COMPANY: Rainbow Pump Co Inc	PHONE NO.: 541-726-1394	ADDITIONAL CONTACT NO.:
ADDRESS: PO Box 817		
CITY: Pleasant Hill	55	E-MAIL: rainbowpump@yahoo.com

Tested Well Information

WELL LOG # (EX: MARI 99999)	WELL TAG (EX: L-99999)	DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
Lane 69951	L- 10067	96 ft	Lane Forest	9-18-2009	5-25-2025

(CONTINUED)

TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	LOCATION (EX: 100 ft N & 100 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-		<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: Into Ditch
How far from the pumped well was water discharged? 400ft ft.

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

OWRD20200115



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Received
JUL 14 2025
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JUN 26 2025
OWRD

PUMP TEST FORM COVER SHEET

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: 15 Pump set at: 138 feet.

Pump idle time: 26 hours

Discharge Measurement Method: Flowmeter

Flowmeter (if used): _____

Manufacturer: Hersey Serial #: 0911700

Date Last Calibrated: _____ Units: 100

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 1.4 feet.

Description (e.g., top port of 1 inch port pipe, west side) 1/2" port in well seal at well head

Time pump turned on: Date 5/25/2025 Time 9:40am

Time pump turned off: Date 5/25/2025 Time 2:10pm

Total pumping time: 4 hours 30 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=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-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: 5-25-25

OWNER SIGNATURE: _____ DATE: _____

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

OWRD 20200115



**OREGON
WATER
RESOURCES
DEPARTMENT**

**PUMP TEST FORM
DATA SHEET**
Page 1 of 2

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
LANE 69951	L- 100675	Well A	196	Lane Forest	9/18/2009	5/25/2025

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
5/25/25	8:40	0	15.6	0	Pre-test			
5/25/25	9:00	0	15.6	0	Pre-test			
5/25/25	9:20	0	15.6	0	Pre-test			
5/25/25	9:42	2	53	110	Pumping		5785400	
5/25/25	9:44	4	59.9		Pumping			
5/25/25	9:46	6	63.1		Pumping		578600	
5/25/25	9:48	8	66	110	Pumping			
5/25/25	9:50	10	67.7		Pumping			
5/25/25	9:55	15	69.9		Pumping		578700	
5/25/25	10:00	20	71.2	110	Pumping			
5/25/25	10:05	25	73.9		Pumping			
5/25/25	10:10	30	75.8		Pumping			
5/25/25	10:25	45	76.5	110	Pumping			
5/25/25	10:40	60	77.1		Pumping			
5/25/25	10:55	75	77.9		Pumping			
5/25/25	11:10	90	78.4	110	Pumping			
5/25/25	11:25	105	79.8		Pumping		5793800	
5/25/25	11:40	120	80.3		Pumping			
5/25/25	11:55	135	80.9	110	Pumping			
5/25/25	12:10	150	81.6		Pumping			
5/25/25	12:25	165	82.3		Pumping			Received
5/25/25	12:40	180	82.7	110	Pumping			JUL 14 2025
5/25/25	12:55	195	83.2		Pumping			
5/25/25	1:10	210	83.6		Pumping		5804800	
5/25/25	1:25	225	83.9	110	Pumping			OWRD
5/25/25	1:40	240	84.4		Pumping			
5/25/25	1:55	255	84.6		Pumping			
5/25/25	2:10	270	84.9	110	Pumping		5815200	shut down
5/25/25	2:12	2	39	0	Recovery			
5/25/25	2:14	4	34.2	0	Recovery			
5/25/25	2:16	6	32.2	0	Recovery			
5/25/25	2:18	8	30.3	0	Recovery			
5/25/25	2:25	10	29.4	0	Recovery			Received
5/25/25	2:30	15	28.2	0	Recovery			
5/25/25	2:35	20	27.1	0	Recovery			JUN 26 2025
5/25/25	2:40	25	26.3	0	Recovery			
5/25/25	2:45	30	25.7	0	Recovery			OWRD
5/25/25	2:50	35	25	0	Recovery			
5/25/25	2:55	40	24.2	0	Recovery			



Page 2 of 2

[illegible]

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