

ATTACHMENT NO. 4



Oregon Water Resources Department PUMP TEST FORM COVER SHEET

**Well Owner:**

Name _____
 Address 30680 Horseshoe Drive
 County Linn
 City, State, Zip Albany, OR 97321

Well Location:

Twnshp 11 (N or S) Range 4 (E or W)
 Section 3 1/4, 1/4, 1/4 _____
 Well Depth 67' Date Drilled _____
 Owners Well No. (if any) _____

Water Right Information:

Application No. _____ Permit No. _____ Certificate No. _____
 Does this pump test apply to more than one water right? _____ If Yes, fill out numbers below:
 App. No. _____ Permit No. _____ Cert. No. _____
 App. No. _____ Permit No. _____ Cert. No. _____

Pump Test:

Test conducted by: Mikel Reagh Well Owner? NO (Y/N)
 Company Stutzman Services Inc.
 Address 4185 Spicer Road SE Date of Test 4-18-02
 City, State, Zip Albany, OR 97321

Method of Discharge Measurement: 3 RB 30 Sprinklers with 3/16" nozzles and 8 RB 30 sprinklers with 1/64" nozzles @ 80 PSF = 87.9 GPM
 Method of Water Level Measurement: Acoustic Sounder
 Depth of Air Line (if used) _____
 Pump Type: Submersible
 Was pump test conducted during normal use of the well? N (Y/N)
 Description of point from which water level was measured: Ground level

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? Yes (Y/N)
 If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approximate distance: 800 Approximate elevation difference: 2'
 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>9:30 Am</u>	Depth to Water: <u>18'</u>
Time: <u>10:00 Am</u>	Depth to Water: <u>18'</u>
Time: <u>10:30 Am</u>	Depth to Water: <u>18'</u>

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

Time: <u>11:46</u>	Discharge Rate: <u>87.9</u>
Time: <u>12:46</u>	Discharge Rate: <u>87.9</u>
Time: <u>1:46</u>	Discharge Rate: <u>87.9</u>
Time: <u>2:46</u>	Discharge Rate: <u>87.9</u>
Time: <u>3:46</u>	Discharge Rate: <u>87.9</u>

Pump turned on: Date: 4-18-02 Time: 11:46 Am Pump turned off: Date: 4-18-02 Time: 3:46 Pm
 Total pumping time: 4 hours, _____ minutes.

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

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WATER RESOURCES DEPT
SALEM, OREGON

G-17486

PUMP TEST DATA SHEET

LOCATION 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
4/18/02	11:46	0	18.9'	9"	18'		4/18/02	3:46	0	20.3"	9"	19.6"	
	11:48	2	20'	9"	19.8"			3:48	2	19.3"	9"	18.6"	
	11:50	4	20.3"	9"	19.6"			3:50	4	18.1"	9"	18.2"	
	11:52	6	20.3"	9"	19.6"			3:52	6	18.9"	9"	18'	
	11:54	8	20.3"	9"	19.6"								
	11:56	10	20.3"	9"	19.6"								
	12:01	15	20.3"	9"	19.6"								
	12:06	20	20.3"	9"	19.6"								
	12:11	25	20.3"	9"	19.6"								
	12:16	30	20.3"	9"	19.6"								
	12:31	45	20.3"	9"	19.6"								
	12:46	1.0	20.3"	9"	19.6"								
	1:01	1.25	20.3"	9"	19.6"								
	1:16	1.5	20.3"	9"	19.6"								
	1:31	1.75	20.3"	9"	19.6"								
	1:46	2.0	20.3"	9"	19.6"								
	2:01	2.25	20.3"	9"	19.6"								
	2:16	2.5	20.6"	9"	19.6"								
	2:31	2.75	20.3"	9"	19.6"								
	2:46	3.0	20.3"	9"	19.6"								
	3:01	3.25	20.3"	9"	19.6"								
	3:16	3.5	20.3"	9"	19.6"								
	3:31	3.75	20.3"	9"	19.6"								
	3:46	4.0	20.3"	9"	19.6"								

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