

CLAIM OF BENEFICIAL USE for Transfer New or Additional POA Only



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

A fee of \$200 must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

SECTION 1 GENERAL INFORMATION

Type of Authorized Change

This Claim is being submitted for a transfer where the only authorized change was a change in point(s) of appropriation or additional point(s) of appropriation, or a combination of both.

YES

If additional changes were authorized, you will need to select a different form.

1. File Information

APPLICATION # T-12601

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME KCK Partners LLC		PHONE NO.	ADDITIONAL CONTACT No.
ADDRESS 11483 SE Amity-Dayton Hwy			
CITY Dayton	STATE OR	ZIP 97114	E-MAIL

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

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

TRANSFER HOLDER OF RECORD KCK Farms c/o Kevin Coleman			
ADDRESS 11483 SE Amity-Dayton Hwy			
CITY Dayton	STATE OR	ZIP 97114	

4. Date of Site Inspection:

January 5, 2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Kevin Coleman	January 5, 2021	Owner / operator

6. County

Yamhill

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

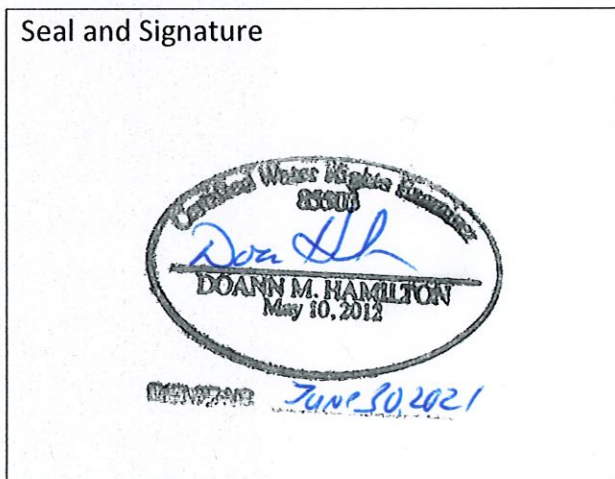
OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

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.




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

Transfer Holder of Record Signature or Acknowledgement

Each transfer 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
	KEVIN LOVEMAN	MEMBER	6/16/21

**SECTION 3
CLAIM DESCRIPTION**

Note: The Claim only needs to describe the new or additional point(s) of appropriation. This Claim does not need to provide information for the original point(s) of appropriation unless the original point of appropriation is either a new or additional point of appropriation on another right involved in this transfer.

1. New or additional 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)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
Well 5	YAMH 57703	L-125630	Well within Palmer Creek Basin

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

If well logs are available, items A and B below can be deleted

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2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final?

NO

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

None

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 5	1.34 cfs	1.37 cfs	Not measured

SECTION 4

SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)?

NO

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

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

Well 5

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Hitachi	VCTI-KK	627972E	Submersible	6 inch	8 inch

2. Motor Information

MANUFACTURER	HORSEPOWER
Hitachi	50 Hp

3. 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)
50 Hp	60 psi	105 feet (from pump test recorded on well log)	0 feet	1.37 cfs

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4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(50 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(105 \text{ ft lift} + 152.4 \text{ ft pressure head})} = 1.37 \text{ cfs}$$

5. 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.

B. Groundwater Source Information (Well and Sump)

3. Is the appropriation from a dug well (sump)? NO

If "NO", items 4 through 6 relating to this section may be deleted.

C. Additional notes or comments related to the system:

Well 5 (YAMH 57703) was tied into the existing system set up for replaced Well 3 so the meter is the same one used for Well 3 (YAMH 51624).

SECTION 5 CONDITIONS

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

1. Time Limits:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE NEW AND/OR ADDITIONAL POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	January 19, 2018	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2019, extended to October 1, 2021	October 2020

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

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

If "NO", you may delete the following table.

If for a transfer extension order, provide the following information:

YES
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VOLUME	PAGE	DATE EXTENDED TO
114	131	October 1, 2021

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other 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 appropriation.

b. Has a meter been installed? **YES**

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 5	McCrometer	99-6386-8	working	492.291 AF (January 5, 2021)	1999

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

4. 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.

5. Other conditions required by the transfer 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. 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):

c) Condition:

Water shall be acquired from the same aquifer (water source) as the original point of appropriation Well No. 3.

Compliance:

Original Well No. 3 (YAMH 51624 / L-30903) was drilled to a depth of 230 feet, cased from 0 feet to 113 feet, with liner from 113 feet to 230 feet, perforated from 113 feet to 123 feet, 133 feet to 153 feet, 158 feet to 168 feet, and 205 feet to 225 feet, in sands and gravels.

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Well 5 (MARI 57703 / L-125630) was drilled to 229 feet, cased to 126 feet, with liner from 99.7 feet to 229 feet, perforated from 123 feet to 125 feet, 130 feet to 150 feet, 155 feet to 165 feet, and 183 feet to 223 feet, in sands and gravels.

It is our understanding that the OWRD considers the entire saturated column of alluvium in this part of the Willamette Valley to be a single aquifer. It appears Well 5 obtains water from the alluvial aquifer, therefore, this condition has been met.

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 – MARI 57703	Well log and driller’s notes for MARI 57703 – Well 5
BLM Cadastral Map	BLM Cadastral Map T.4S. R.4W. showing DLC and Government Lot locations

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 polyester 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.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of appropriation, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

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.

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The COBU map was prepared using tax assessor's map 4 4 36, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained online 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
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) ***Not required for this type of Claim of Beneficial Use**
- 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

Yamh 57703

YAMH 57703

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

Arrow 17-10

WELL I.D. LABEL# L 125630
START CARD # 1033840
ORIGINAL LOG #

(1) LAND OWNER:
Owner Well I.D. _____
First Name: _____ Last Name: _____
Company KCK Farms
Address: 11483 Amity-Dayton Hwy
City: Dayton State: OR Zip: 97114

(2) TYPE OF WORK: New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: _____
Material From To Amt sacks/lbs
Seal: _____

(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 229 ft.

BOREHOLE		SEAL		sacks/lbs			
Dia	From	To	Material	From	To	Amt	lbs
16"	0	109	bentchips	0	11	7	sks
12"	109	231			Calculated	5.5	sks
			cement w/	11	105	72	sks
			3% bent		Calculated	40	sks

How was seal placed: Method A B C D E
 Other poured-probed-hydrated
Backfill placed from 229ft. to 231ft. Material native sand
Filter pack placed from 101ft. to 229' 7"ft. Material SSSI Size 6x9
Explosives Used Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount _____ Actual Amount _____

(6) CASING/LINER:

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	28"	126'	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8"	<input type="checkbox"/>	99'7"	123	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8"	<input type="checkbox"/>	Btwn	All screens	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8"	<input type="checkbox"/>	223'	229'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of Shoe(s): cut off @ 230' 12"
Temp casing Yes Dia: 16" From: 0 To: 109
Dia: 12" From: 0 To: 231

(7) PERFORATIONS/SCREENS:

Perforations Method: _____
 Screen Type: v-wire Material: stainless

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrnl slot width	Slot length	# of slots	Tele/pipe size
s	1	8"	123	125	.065			p
s	1	8"	130	150	.065			p
s	1	8"	155	165	.065			p
s	1	8"	183	223	.065			p

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

Pump Yield gpm	Bailer Drawdown	Air Drill Stem/pump depth	Flowing Artesian Duration (hr)
150 + -	20'	airlift @105'	6 hrs

Temperature of water 55 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 150
From To Description Amount Units

From	To	Description	Amount	Units

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(9) LOCATION OF WELL by legal description:
County: Yamh Twp: 4S Range: 4W
Sec: 36 NE ¼ of the SW ¼ Tax Lot: 1300
Tax Map Number _____ Lot _____
Block: _____ Subdivision: _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well Nearest Address
11483 Amity-Dayton Hwy Dayton OR 97114

(10) STATIC WATER LEVEL:

Description	Date	SWL(psi)	+ SWL (ft)
	5-24-17		36'6"

Flowing Artesian? Dry Hole?
WATER BEARING ZONES: Depth at which water was first found 53'

SWL Date	From	To	Est. Flow	SWL(psi)	+ SWL(ft)
	53	62	10+		dnm
	94	100	20+		dnm
3-27-17	106	121	50+ -		36'6"
3-27-17	130	149	100+		36'6"
3-28-17	156	165	100+		36'6"
3-28-17	184	224	100+		36'6"

(12) WELL LOG: Ground Elevation: _____

Material	From	To	SWL
soil and gravel fill	0	2	
silt brown	2	16	
silt and clay gray	16	22	
clay blue w/ traces of gravel	22	35	
silt gray	35	53	
sand and silt gray	53	62	
silt gray	62	67	
clay green sticky	67	72	
clay brown sticky	72	82	
clay gray	82	94	
sand black w/small gravel	94	100	
clay brown sticky	100	106	
gravel w/ clay gray	106	116	
sand black w/ some gravel	116	121	
clay gray	121	124	
silt green	124	130	
sand w/ gravel black	130	137	
sand w/ more gravel black	137	144	
sand w/ less gravel	144	149	
clay gray and blue w/ gravel	149	156	
sand lenses w/ siltstone gray	156	165	
clay blue w/ gravel	165	170	
clay blue sticky	170	184	

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Date Started: 3-21-17 Completed: 5-24-17

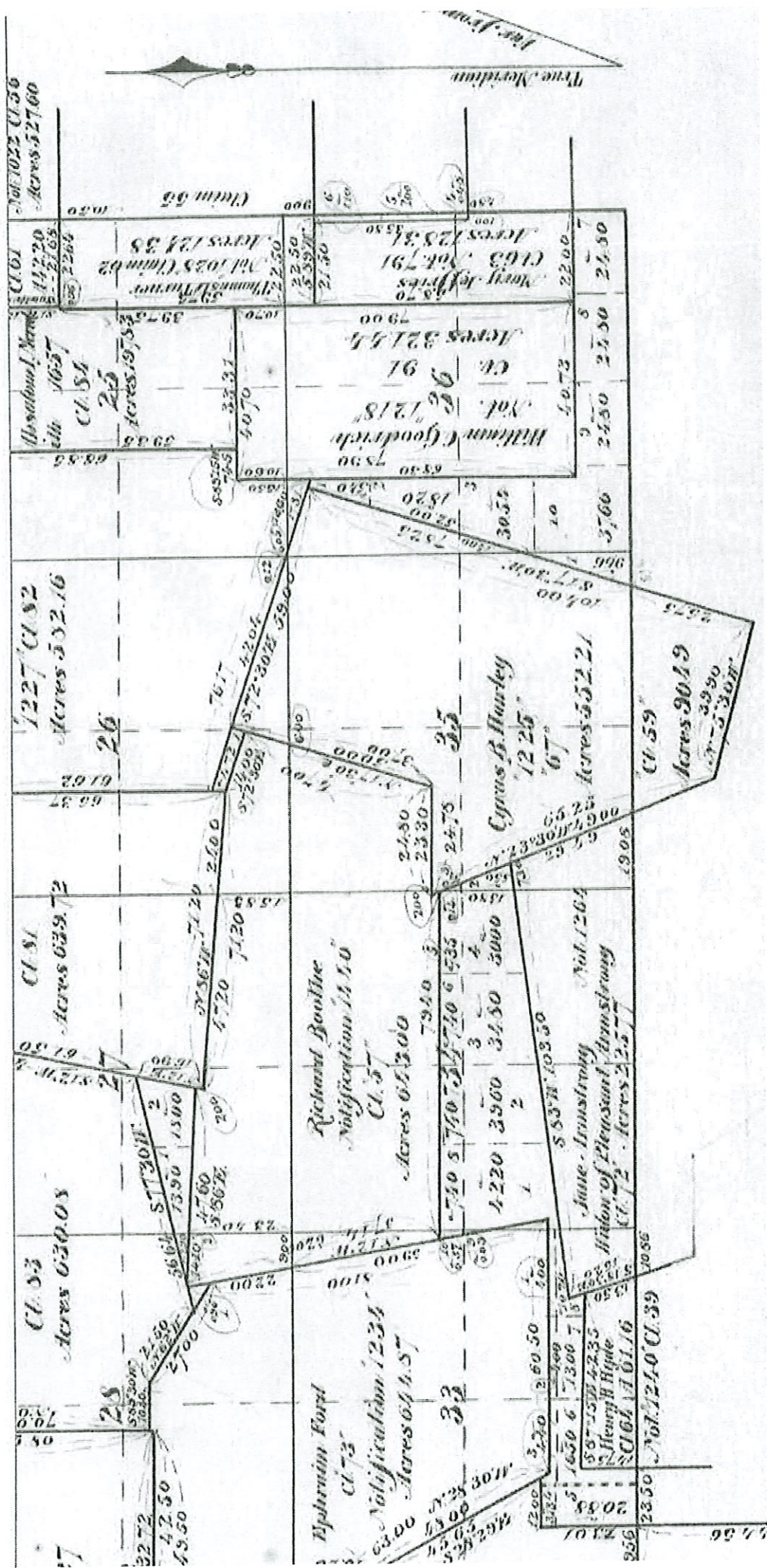
(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number _____ Date JUN 07 2017
Signed _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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 1483 Date 6-6-17
Signed [Signature]

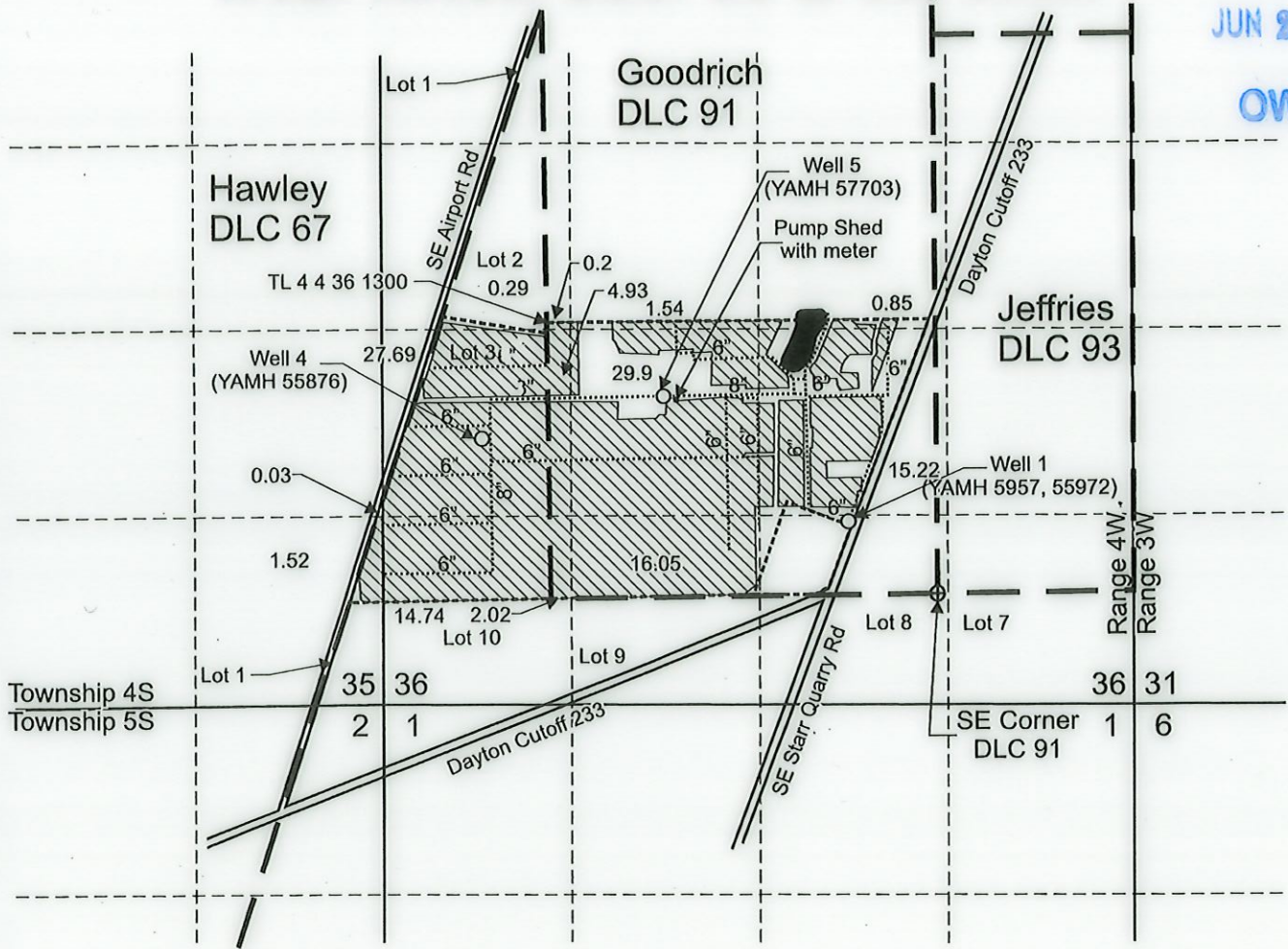
Contact info (optional) ARROW DRILLING 503-538-4422




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T.4S. R.4W. Sec. 35 & 36, W.M.

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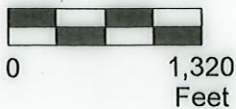


Well 1 (YAMH 5957, 55972) is located 495 feet north and 625 feet west from the SE corner, DLC 91.
 Well 4 (YAMH 55876) is located 1,100 feet north and 3,200 feet west from the SE corner, DLC 91.
 Well 5 (YAMH 57703) is located 1,395 feet north and 1,925 feet west from the SE corner, DLC 91.

 Area (114.98 Acres) irrigation and agricultural use for nursery operations under T-12601, priority January 12, 1998.

-  Tax lot boundary
-  Donation Land Claim boundary
-  Water main line

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
T-12601

KCK Farms
T.4S. R.4W. Sec. 35 & 36, W.M.

Pacific Hydro-Geology Inc.

05/2021

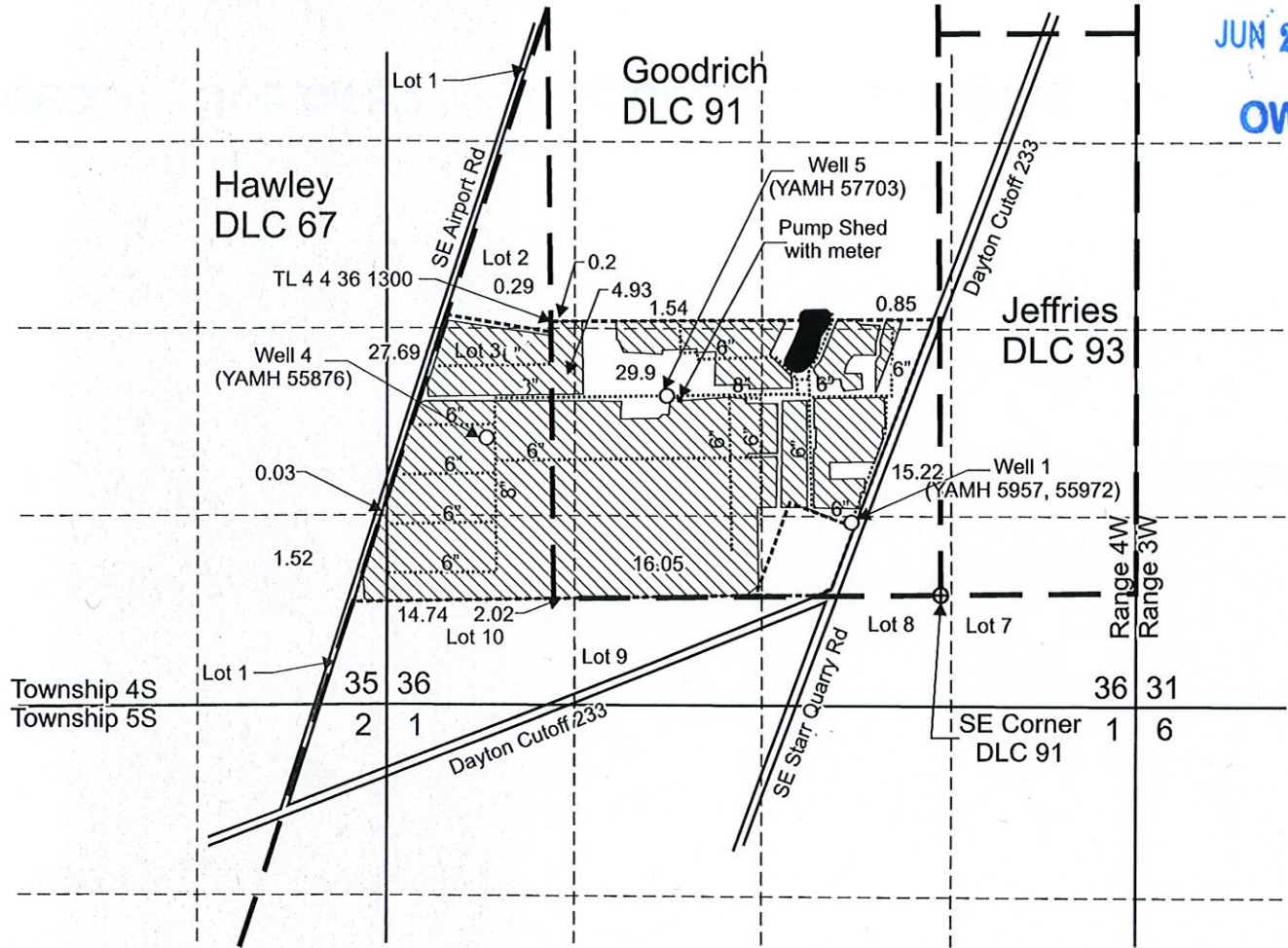
KCKT-12601COBUMap.cdr

T.4S. R.4W. Sec. 35 & 36, W.M.

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
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Well 1 (YAMH 5957, 55972) is located 495 feet north and 625 feet west from the SE corner, DLC 91.

Well 4 (YAMH 55876) is located 1,100 feet north and 3,200 feet west from the SE corner, DLC 91.

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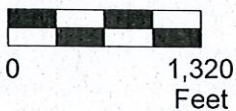
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----- Tax lot boundary

— · — Donation Land Claim boundary

..... Water main line

Scale: 1" = 1,320'



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Claim of Beneficial Use Map
T-12601

KCK Farms
T.4S. R.4W. Sec. 35 & 36, W.M.

Pacific Hydro-Geology Inc.

05/2021

KCKT-12601COBUMap.cdr



Oregon
Kate Brown, Governor

Water Resources Department

725 Summer St NE, Suite A

Salem, OR 97301

(503) 986-0900

Fax (503) 986-0904

June 24, 2021

KCK Partners LLC
11483 SE Amity Dayton Highway
Dayton OR 97114

On June 21, 2021, the Water Resources Department received the Claim of Beneficial Use (COBU) for the following Transfer(s):

T-12601

The COBU included a report and map. The Department hopes to review your submittal within approximately 2 - 4 years. At that time we will review these items and provide a final certificate, proposed certificate, or a request for additional information.

If you are interested in having your COBU reviewed sooner, you may pay to have your file processed immediately, using the Reimbursement Authority program, which is described at:

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

For all other questions please call our Customer Service phone: (503) 986-0900.

If you sell the property, please contact the Department, or have the new owners contact the Department about the need to file an assignment.

cc: file T-12601
Doann Hamilton, CWRE

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #:	WRD Reviewer:
Transfer #:	
Date Received:	
CWRE Name:	
Priority Date (s):	

Fees Required:

- YES NO A fee of \$200 must accompany this form for permits with priority dates of July 9, 1987, or later.
- YES NO A fee of \$200 must accompany this form for any transfers including a water right with a priority date of July 9, 1987, or later.
 Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

Fill in App or Transfer Number

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))

Report Review:

- On form provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

MONEY SLIP

DATE: _____ RECEIPT #: _____

RECEIVED FROM: _____ APPLICATION PERMIT TRANSFER

CASH CHECK # _____ OTHER (IDENTIFY) _____ TOTAL RECD \$ _____

1083 TREASURY 4178 MISC CASH ACCT.

0407 COPIES _____ \$ _____
 OTHER: (IDENTIFY) _____ \$ _____

0243 Instream Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

1083 TREASURY 4270 WRD OPERATING ACCT.

MISCELLANEOUS

0407 COPY & TAPE FEES 4611 \$ _____

0410 RESEARCH FEES \$ _____

0409 MISC REVENUE (IDENTIFY) \$ _____

TC162 DEPOSIT LIAB. (IDENTIFY) \$ _____

0240 EXTENSION OF TIME \$ _____

WATER RIGHTS EXAM FEE RECORD FEE

0201 SURFACE WATER \$ _____ 0202 \$ _____

0203 GROUND WATER \$ _____ 0204 \$ _____

0205 TRANSFER \$ _____

WELL CONSTRUCTION EXAM FEE RECORD FEE

0218 WELL DRILL CONSTRUCTOR \$ _____ 0219 \$ _____

LANDOWNER'S PERMIT \$ _____ 0220 \$ _____

OTHER (IDENTIFY) COBU \$ 200.00

0607 TREASURY 0487 HYDROELECTRIC

0233 POWER LICENSE FEE (FWWRD) LIC NUMBER _____ \$ _____

0231 HYDRO LICENSE FEE (FWWRD) _____ \$ _____

HYDRO APPLICATION \$ _____

SPECIAL INSTRUCTIONS:

RETURN TO APPLICANT -- LETTER ATTACHED

Groundwater File Review:

- Pump Test not required (Priority Date prior to December 20, 1988) *If no, include pump test flyer w/acknowledgment letter
- Pump Test required (Priority Date on or after December 20, 1988)
- Pump Test submitted
- Pump Test not submitted