



# ANDERSON ENGINEERING AND SURVEYING, INC.

PROFESSIONAL ENGINEERS AND LAND SURVEYORS

17681 Hwy. 395, Lakeview, Oregon 97630

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[www.andersonengineering.com](http://www.andersonengineering.com)

11/22/2021

Oregon Water Resources Departments  
725 Summer Street NE, Suite A  
Salem, OR 97301

Re: Updated Submission of COBU  
Application # G-12865  
Permit # G-12659

To Whom It May Concern,

A Claim of Beneficial Use (COBU) was sent to your Department for Application # G-12865, Permit # G-12659 and your Department sent an initial response on March 18<sup>th</sup>, 2021; a copy of the receipt letter from your office will be included in this submission package. Within your Department's response, it was denoted that a Pump Test was required to be submitted and approved in order for our Claim to be reviewed. At the time of original submission, the flow meter on this well was not operational. When it was discovered that a Pump Test was required to complete the COBU, a new flow meter was immediately ordered. However, due to COVID related available parts and shipping delays that new flow meter was not delivered until 11/10/21 and subsequently installed on 11/12/21. As soon as initial installation, testing, and meter calibration was completed, my office was contacted and the Pump Test was performed the following week on 11/19/21; the Pump Test has now formally been electronically submitted to OWR.

This submission is to replace the original COBU that your office received as a result of the new flow meter being installed; as a result, Section 5, #5 and #6 has been updated to reflect the recently performed Pump Test and information on the newly installed flow meter.

If you have any questions concerning this submission or need additional information, please contact me at 541-947-4407 or [nicoleb@andersonengineering.com](mailto:nicoleb@andersonengineering.com).

Cheers,

Nicole Braudy, RG – G2739

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# Oregon

Kate Brown, Governor

## Water Resources Department

725 Summer St NE, Suite A  
Salem, OR 97301  
(503) 986-0900  
Fax (503) 986-0904

March 18, 2021

Christmas Valley Domestic Water District  
87379 Holly Lane  
Christmas Valley, OR 97641

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On March 5, 2021 the Water Resources Department received the Claim of Beneficial Use (COBU) for the following file(s):

Application G-12865 Permit G-12659

The COBU included a report and map. In the future the Department will review your submittal. At that time we will review these items and provide a final certificate, proposed certificate, or a request for additional information.

**Please be aware that the Department has not received a Pump Test as required by the permit. Until such time that a Pump Test is submitted and approved, the Department is unable to review your Claim.**

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:  
[http://www.wrd.state.or.us/OWRD/mgmt\\_reimbursement\\_authority.shtml](http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml)

Customer Service phone: (503) 986-0900

Enclosed you will find a Receipt for \$200.00

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  
Darryl Anderson, CWRE.

**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](http://www.oregon.gov/OWRD)

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**A fee of \$200 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 503-986-0900 and ask for the Certificate Section.

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 # <b>G-12865</b>	PERMIT # (IF APPLICABLE) <b>G-12659</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-</b>
---------------------------------	--	---

**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>Christmas Valley Domestic Water District</b>		PHONE NO. <b>541-576-2090</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>87379 Holly Lane</b>			
CITY <b>Christmas Valley</b>	STATE <b>OR</b>	ZIP <b>97641</b>	E-MAIL <b>cvwater@internetextension.com</b>

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 <b>Christmas Valley Domestic Water District</b>			<b>RECEIVED</b>  <b>NOV 29 2021</b>  <b>OWRD</b>
ADDRESS <b>87379 Holly Lane</b>			
CITY <b>Christmas Valley</b>	STATE <b>OR</b>	ZIP <b>97641</b>	

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

**2/9/2021 and 11/19/2021**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Erica Anderson</b>	<b>2/9/2021</b>	<b>System Operator</b>

**6. County:**

**Lake**

**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)):**

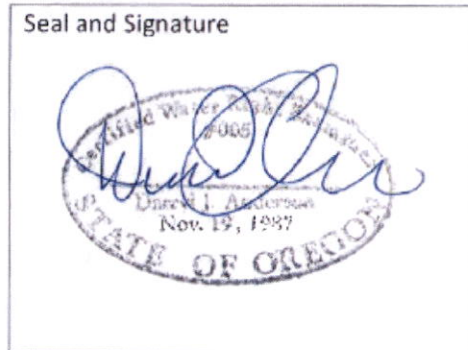
OWNER OF RECORD <b>N/A</b>		
ADDRESS		
CITY	STATE	ZIP

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.



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CWRE NAME <b>Darryl Anderson</b>		PHONE NO. <b>541-947-4407</b>	ADDITIONAL CONTACT NO.	
ADDRESS <b>17681 HWY 395</b>				
CITY <b>Lakeview</b>	STATE <b>OR</b>	ZIP <b>97630</b>	E-MAIL <b>darryla@andersonengineering.com</b>	

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
	Erica Anderson	Operator / Manager	2/9/2021

**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 3	LAKE 1021	

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 3	Fort Rock Valley Basin	N/A

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**3. Developed use(s), period of use, and rate for each use:**

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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 3	Quasi- Municipal	N/A	Year Round	17.86 GPM
<b>Total Quantity of Water Used</b>				<b>35,844 G</b>

**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 is pumped from Well 3 into distribution mainline where it is routed throughout Christmas Valley's system. Distribution lines are a collection of 8", 6", and 4", predominantly made out of iron. This Well is used as a backup well and is only used in times of high need or when maintenance is being performed on the other wells within the system.

**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.")

N/A

**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 3	0.27 cfs	0.27 cfs	0	Quasi- Municipal	N/A	N/A

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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):

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**A. Place of Use**

1. Is the right for municipal use?

**YES**

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**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:

There is an 1 ¼" access port on the east side of the well head through which a Power Equipment E-Tape is run

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
12"	63.3'	650'	3/20/1963	N/A	Penn Phillips Co.	Gordon Goeres

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.

Well log attached at the bottom of this COBU

**C. Groundwater Source Information (Sump)**

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

**NO**

**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
Berkeley	7T40-350	10H19-31-60063A	Submersible	4"	6"

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
Franklin Submersible	40

**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)
40	Variable	Variable	Variable	Variable

**5. Provide pump calculations:**

Pump is manually operated based on visual inspection of the staff gauge at the storage tank. This well is used as a backup well for the system and is only used during the highest demand summer month(s) and in cases on emergencies involving the failure of the primary wells within the system.

**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)
9 cubic feet	105 cubic feet	4 hours	0.0067

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
8", 6", 4"	27 miles	Iron	Buried
8", 6", 4"	9 miles	PVC	Buried

**9. Lateral Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
Variable	Unknown as it is homeowner maintained	Unknown as it is homeowner maintained	Buried

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**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
N/A					

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)
N/A					

**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
N/A					RECEIVED
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**13. Pivot Information:**

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
N/A				

**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	500,000	Above Ground

**3. Bulge in System / Reservoir:**

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
N/A		

**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**

**H. Additional notes or comments related to the system:**

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**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	8/14/1996		
BEGIN CONSTRUCTION (A)		1/20/1963	
COMPLETE CONSTRUCTION (B)		4/20/1963	
COMPLETE APPLICATION OF WATER (C)	10/1/2020	Pending	Hired AES to complete this application

\* 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? NO

**3. Initial Water Level Measurements:**

a. Was the water user required to submit an initial static water level measurement? NO

**4. Annual Static Water Level Measurements:**

a. Was the water user required to submit annual static water level measurements? NO

**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

c. Is the pump test attached to this claim? YES

- d. Has the pump test been approved by the Department? NO
- 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 3 Meter	Zenner ZTM60	ZOZ09355	Working	105	11/12/2021

*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? 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.

**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? YES
- d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES

WELL ID #	DATE ATTACHED TO WELL
Lake 1021	5/29/1963

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- e. Other conditions? NO

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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
<b>Attachment 1</b>	<b>Original Well Log</b>
<b>Attachment 2</b>	<b>FO Extension Letter Issued</b>
<b>Attachment 3</b>	<b>Well Permit</b>
<b>Attachment 4</b>	<b>Pump Test</b>

**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.

**Survey was completed with RTK GPS. Section tie was to Lake County Surveyor monument located 1180' south and 610' east from the North ¼ corner of Section 17, Township 27 South, Range 17 East, W.M.**

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## 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.)**

- x Map on polyester film
- x Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- x Township, Range, Section, Donation Land Claims, and Government Lots
- X If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- X Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- x Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- x Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- x Point(s) of diversion or appropriation (illustrated and coordinates)
- x Tax lot boundaries and numbers
- X Source illustrated if surface water
- x Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- x Application and permit number or transfer number
- x North arrow
- x Legend
- x CWRE stamp and signature

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Attachment 1

EXHIBIT A-3  
WELL #3 LOG

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APR 29 1963

Lake 1021  
G 2633

NOTICE TO WATER WELL CONTRACTOR  
The original and first copy of this report are to be filed with the STATE ENGINEER, SALEM, OREGON, within 30 days from the date of well completion.

WATER WELL REPORT  
STATE OF OREGON  
(Please type or print)

State Well No. 27/17-174  
State Permit No. 6-2440

(1) OWNER:  
Name M. Penn Phillips Co.  
Address Christmas Valley  
Silver Lake, Oregon

(2) LOCATION OF WELL:  
County Lake Driller's well number City No. 3  
Bearing and distance from section or subdivision corner  
Easterly 100', Lot 18, Block 6, Unit 5  
Christmas Valley, Section 17, T27S,  
R17EWM

(3) TYPE OF WORK (check):  
Well  Deepening  Reconditioning  Abandon   
Randomly, describe material and procedure in Item 12.

(4) PROPOSED USE (check):  
Domestic  Industrial  Municipal   
Irrigation  Test Well  Other

(5) TYPE OF WELL:  
Rotary  Driven   
Cable  Jetted   
Dug  Bored

(6) CASING INSTALLED:  
Threaded  Welded   
12" Diam. from 0 ft. to 63' 3" ft. Gage 1/4  
" Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_  
" Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_

(7) PERFORATIONS:  
Perforated?  Yes  No  
Type of perforator used \_\_\_\_\_  
Size of perforations in. by in.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

(8) SCREENS:  
Well screen installed  Yes  No  
Manufacturer's Name \_\_\_\_\_ Model No. \_\_\_\_\_  
Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

(9) CONSTRUCTION:  
Well seal—Material used in seal \_\_\_\_\_  
Depth of seal 63 & 30 ft. Was a pecker used? NO  
Diameter of well bore to bottom of seal 12 in.  
Were any loose strata cemented off?  Yes  No Depth 30  
Was a drive shoe used?  Yes  No  
Was well gravel packed?  Yes  No Size of gravel: \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Did any strata contain unusable water?  Yes  No  
Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_  
Method of sealing strata off cement at 30', Bentonite at 60'

(10) WATER LEVELS:  
Static level 24 ft. below land surface Date Mar 20, 63  
Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_

(11) WELL TESTS:  
Drawdown is amount water level is lowered below static level  
Was a pump test made?  Yes  No If yes, by whom? J. Pettus  
Yield: 500 gal./min. with 80 ft. drawdown after 6 hrs.  
no change in static level after test

Railer test 5' bounce in. with \_\_\_\_\_ ft. drawdown after 3 sec.  
Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_  
Temperature of water? \_\_\_\_\_ Was a chemical analysis made?  Yes  No

(12) WELL LOG: Diameter of well below casing 12  
Depth drilled 650 ft. Depth of completed well 650 ft.  
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
top soil	0	2
light brown clay	2	20
tuff brown clay	20	50
tuff bed rock		
dark brown with some black cinders	50	250
light brownish gray, fine clay	250	385
light brownish gray with clay		
some pumice	385	460
soft hard rock, porous	460	470
clay with some pumice gravel	470	625
porous rock	625	640
very hard tight rock	640	650

Work started Jan 20 1963. Completed Mar 20 1963  
Date well drilling machine moved off of well Mar 25 1963

(13) PUMP:  
Manufacturer's Name \_\_\_\_\_  
Type: \_\_\_\_\_ H.P. \_\_\_\_\_

Water Well Contractor's Certification:  
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  
NAME Gordon Goeres  
(Person, firm or corporation) (Type or print)  
Address Christmas Valley, Silver Lake, Ore.  
Drilling Machine Operator's License No. 136  
(Signed) Gordon Goeres (Water Well Contractor)  
Contractor's License No. 305 Date Apr 23 1963

(USE ADDITIONAL SHEETS IF NECESSARY)



**Attachment 2**

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Oregon Water Resources Department  
Water Rights Division

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Water Rights Application  
Number G-12865

**Final Order**  
**Extension of Time for Permit Number G-12659**

**Appeal Rights**

**This is a final order in other than contested case.** This order is subject to judicial review under ORS 183.484. Any petition for judicial review must be filed within the 60 day time period specified by ORS 183.484(2). Pursuant to ORS 536.075 and OAR 137-004-0080 you may either petition for judicial review or petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied.

**Application History**

The Department issued Permit G-12659 on August 14, 1996. The permit called for completion of construction by October 1, 1998, and complete application of water to beneficial use by October 1, 1999. On January 23, 2000, Christmas Valley Domestic Water Supply District submitted an application to the Department for an extension of time for Permit G-12659. In accordance with OAR 690-315-0050(2), on August 28, 2007, the Department issued a Proposed Final Order proposing to extend the time to fully apply water to beneficial use to October 1, 2020. The protest period closed October 12, 2007, in accordance with OAR 690-315-0060(1). No protest was filed.

At time of issuance of the Proposed Final Order the Department concluded that, based on the factors demonstrated by the applicant, the permit may be extended subject to the following conditions:

**CONDITIONS**

1. **Development Limitations**

Diversion of any water beyond 0.27 cfs under Permit G-12659 shall only be authorized upon issuance of a final order approving a WMCP under OAR Chapter 690, Division 86. The required WMCP shall be submitted to the Department within 3 years of an approved extension application. Use of water under Permit G-12659 must be consistent with this and subsequent WMCP's approved under OAR Chapter 690, Division 86 on file with the Department.

The deadline established in this PFO for submittal of a WMCP shall not relieve a permit holder of any existing or future requirement for submittal of a WMCP at an earlier date as


established through other orders of the Department. A WMCP submitted to meet the requirements of this order may also meet the WMCP submittal requirements of other Department orders

The applicant has demonstrated good cause for the permit extension pursuant to ORS 537.630, 539.010(5) and OAR 690-315-0080(3).

Order

The extension of time for Application G-12865, Permit G-12659, therefore, is approved subject to conditions contained herein. The deadline for completing construction is extended to October 1, 2020. The deadline for applying water to full beneficial use is extended to October 1, 2020.

DATED: October 25, 2007

  
Dwight French, Administrator of  
Water Rights and Adjudications  
for  
Phillip C. Ward, Director

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If you have any questions about statements contained in this document, please contact Kim R. French at (503) 986-0813.

If you have other questions about the Department or any of its programs, please contact our Water Resources Customer Service Group at (503) 986-0900.

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Attachment 3

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STATE OF OREGON

COUNTY OF LAKE

## PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

CHRISTMAS VALLEY DOMESTIC WATER SUPPLY DISTRICT  
PO BOX 142  
CHRISTMAS VALLEY, OREGON 97641

(541) 576-2665

The specific limits for the use are listed below along with conditions of use.

APPLICATION FILE NUMBER: G-12865

SOURCE OF WATER: WELL 3 IN FORT ROCK VALLEY BASIN

PURPOSE OR USE: QUASI-MUNICIPAL USE

RATE OF USE: 0.31 CUBIC FOOT PER SECOND

PERIOD OF ALLOWED USE: YEAR ROUND

DATE OF PRIORITY: APRIL 6, 1992

POINT OF DIVERSION LOCATION: NW 1/4 NE 1/4, SECTION 17, T27S, R17E,  
W.M.; 1180 FEET SOUTH & 610 FEET EAST FROM N 1/4 CORNER, SECTION 17

THE PLACE OF USE IS LOCATED AS FOLLOWS:

N 1/2 SW 1/4  
SECTION 8  
E 1/2 NE 1/4  
SW 1/4  
SECTION 9  
ALL  
SECTION 10  
SW 1/4 NW 1/4  
SW 1/4  
SE 1/4  
SECTION 11  
SW 1/4 SW 1/4  
SECTION 12  
NW 1/4  
SECTION 13  
N 1/2  
N 1/2 SW 1/4  
SW 1/4 SW 1/4  
SECTION 14

Application G-12865 Water Resources Department

PERMIT G-12659

NE 1/4  
 NW 1/4  
 NW 1/4 SW 1/4  
 N 1/2 SE 1/4  
 SECTION 15  
 NE 1/4  
 NW 1/4  
 W 1/2 SW 1/4  
 SECTION 16  
 ALL  
 SECTION 17  
 ALL  
 SECTION 18  
 NE 1/4 NE 1/4  
 SECTION 19  
 NE 1/4  
 SECTION 20  
 NW 1/4 NW 1/4  
 SECTION 23

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TOWNSHIP 27 SOUTH, RANGE 17 EAST, W.M.

Measurement, recording and reporting conditions:

- A. Before water use may begin under this permit, the permittee shall install a meter or other suitable measuring device as approved by the Director. The permittee shall maintain the meter or measuring device in good working order.
- B. The permittee shall allow the watermaster access to the meter or measuring device; provided however, where the meter or measuring device is located within a private structure, the watermaster shall request access upon reasonable notice.
- C. The Director may require the permittee to keep and maintain a record of the amount (volume) of water used and may require the permittee to report water use on a periodic schedule as established by the Director. In addition, the Director may require the permittee to report general water use information, the periods of water use and the place and nature of use of water under the permit. The Director may provide an opportunity for the permittee to submit alternative reporting procedures for review and approval.

The use of water shall occur only when the level of the aquifer is less than 50 feet measured below the land surface at the well.

Application G-12865 Water Resources Department

PERMIT G-12659

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PAGE 3

If substantial interference with a senior water right occurs due to withdrawal of water from any well listed on this permit, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.

#### STANDARD CONDITIONS

The wells shall be constructed in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine water level elevation in the well at all times.

The use shall conform to such reasonable rotation system as may be ordered by the proper state officer.

Prior to receiving a certificate of water right, the permit holder shall submit the results of a pump test meeting the department's standards, to the Water Resources Department. The Director may require water level or pump test results every ten years thereafter.

Failure to comply with any of the provisions of this permit may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the permit.

This permit is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

The use of water shall be limited when it interferes with any prior surface or ground water rights.

The Director finds that the proposed use(s) of water described by this permit, as conditioned, will not impair or be detrimental to the public interest.

Application G-12865      Water Resources Department

PERMIT G-12659

Actual construction of the well shall begin within one year from permit issuance and shall be completed on or before October 1, 1998. Complete application of the water to the use shall be made on or before October 1, 1999.

Issued August 14, 1996

*for Martha O. Pagel*  
Martha O. Pagel, Director  
Water Resources Department

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Application G-12865 Water Resources Department  
Basin 13 Volume 2A FORT ROCK VALLEY AND MISC  
MGMT.CODE 3IW, 7BG, 7BR

PERMIT G-12659  
District 12

**SECTION 8**  
**REFERENCE INFORMATION FOR CWRE USE**  
*(Please DO NOT submit these pages.)*

Additional information is available at:

<https://www.oregon.gov/OWRD/programs/WaterRights/COBU/Pages/default.aspx>

Go to Page "Resources of Certified Water Right Examiners"

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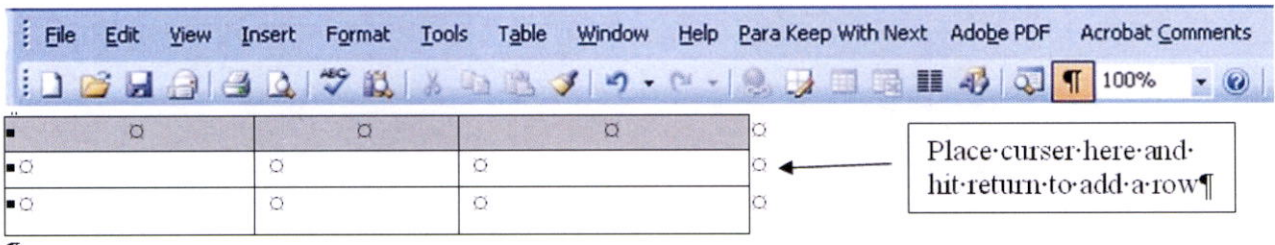
**MS Word Hints**

**To add rows to a table,** click outside the table on the far right and hit enter.



Place cursor here and hit return to add a row

If you are having difficulty placing the cursor outside the table, click on the Show/Hide (Paragraph) icon ¶. This is found on the Standard toolbar (View =>Toolbars=>Standard) of some versions of Word.



**To resolve page numbering issues,** go to print preview. Page through the entire document (while in print preview), then print from print preview.



## Common Calculations

The Department typically uses the following calculations to determine system capacities; many of which are available to download from the Department's Web Site.

### Pumps:

$$Q \text{ Pump} = \frac{(\text{horsepower})(\text{pump efficiency})}{(\text{total head in feet})} = Q \text{ in cfs}$$

Efficiency factors:

NOTE: Pump efficiency factor for centrifugal pump (75%) = 6.61  
 Pump efficiency factor for turbine pump (80%) = 7.04

$$\text{Centrifugal Pump, 75\% eff. } \frac{(550 \text{ ft lb/sec/Hp})(.75)}{(62.4 \text{ lb/cu ft})} = 6.61 \text{ ft}^4/\text{sec/Hp}$$

$$\text{Turbine \& Submersible Pumps, 80\% eff. } \frac{(550 \text{ ft lb/sec/Hp})(.80)}{(62.4 \text{ lb/cu ft})} = 7.04 \text{ ft}^4/\text{sec/Hp}$$

Total head is the sum of suction lift, pressure head, and discharge lift.

If the operating pressure is not measured, varying the assumed operational pressure in the above formulas until the calculated outputs are equal, or nearly so, will generally give the most correct theoretical capacity of the system.

*Efficiencies have been assumed to be 75% for centrifugal pump installations and 80% for turbine or submersible pumps. See the list below of converted psi's to feet of head. These figures account for minor friction losses. If the system involves unusually long pipelines friction losses should be accounted for by using standard charts and formulas.*

**Refer to the conversion table below to compute PSI to head for pump pressure in feet.**

$$[(\text{psi}/.433)(1.1) = \text{head (in feet/psi)} = 2.54 \text{ feet head/psi}]$$

PSI	HEAD	PSI	HEAD
25	63.5	55	139.7
30	76.2	60	152.4
35	88.9	65	165.1
40	101.6	70	177.8
45	114.3	75	190.5
50	127.0	80	203.2

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**Ditches/Canals:**

Manning's Formula:

$$v = \frac{1.486}{n} r^{2/3} s^{1/2}$$

- v = mean velocity of flow in feet per second
- r = hydraulic radius in feet
- s = slope of the energy gradient
- n = coefficient of roughness

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Type of Conduit and Description	Coefficient of Roughness
---------------------------------	--------------------------

Pipe	Minimum	Maximum
Cast Iron, Coated	0.01	0.014
Cast Iron, Uncoated	0.011	0.015
Wrought Iron, Galvanized	0.013	0.017
Wrought Iron, Black	0.012	0.015
Steel, Riveted and Spiral	0.013	0.017
Corrugated	0.021	0.0255
Wood Stave	0.01	0.014
Neat Cement Surface	0.01	0.013
Concrete	0.01	0.017
Vitrified Sewer Pipe	0.01	0.017
Clay, Common Drainage Tile	0.011	0.017
<b>Lined Channels</b>		
Metal, Smooth Semicircular	0.011	0.015
Metal, Corrugated	0.0228	0.0244
Wood, Planed	0.01	0.015
Wood, Unplaned	0.011	0.015
Neat Cement-Lined	0.01	0.013
Concrete	0.012	0.018
Cement Rubble	0.017	0.03
<b>Vegetated, Small Channels, Shallow Depths</b>		
Bermuda Grass; Long - 13", Green	0.042	
Bermuda Grass; Long - 13", Dormant	0.035	
Bermuda Grass; Short - 3", Green	0.034	
Bermuda Grass; Short - 3", Dormant	0.034	
<b>Unlined Channels</b>		
Earth; Straight and Uniform	0.017	0.025
Dredged	0.025	0.033
Winding and Sluggish	0.0225	0.03
Stoney Bed, Weeds on Bank	0.025	0.04
Earth Bottom, Rubble Sides	0.028	0.035
Rock Cuts; Smooth and Uniform	0.025	0.035
Rock Cuts; Jagged and Irregular	0.035	0.045

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## Gravity flow pipe systems

Hazen-William's Formula:

$$v = 1.31(c)(r^{0.63})(s^{0.54})$$

v = mean velocity of flow in feet per second

c = coefficient of roughness

r = hydraulic radius in feet

s = slope of energy gradient

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Material	Coefficient of Roughness
Asbestos Cement	140
Brass	135
Brick sewer	100
Cast-Iron - new unlined (CIP)	130
Cast-Iron 10 years old	110
Cast-Iron 20 years old	95
Cast-Iron 30 years old	82
Cast-Iron 40 years old	74
Concrete	130
Copper	135
Ductile Iron Pipe (DIP)	140
Galvanized iron	120
Glass	140
Lead	135
Plastic	145
PVC, CPVC	150
Smooth Pipes	140
Steel new unlined	145
Steel	130
Steel riveted	110
Tin	130
Wood Stave	120

# SPRINKLER CAPACITIES BY NOZZLE SIZE IN GALLONS PER MINUTE

This chart is comprised of information gathered from a number of sources and may differ slightly from the manufacturer's specifications.

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$$Q \text{ Sprinklers} = \frac{(\text{number of heads})(\text{rate in gallons per minute})}{(448.8 \text{ gpm per cfs})} = Q \text{ in cfs}$$

		P.S.I. ("*" designates computed capacity)													
		5	10	15	20	25	30	35	40	45	50	55	60	65	70
NOZZLE SIZE	3/32				1.1	1.3	1.4	1.5	1.6	1.7	1.8				
	7/64				1.5	1.7	1.9	2	2.2						
	1/8				1.9	2.2	2.4	2.7	2.9	3	3.2				
	9/64				2.3	2.6	2.9	3.1	3.4	3.7	4				
	5/32				3	3.4	3.8	4.1	4.4	4.7	5				
	11/64	1.9	2.7	3.3	3.7	4.2	4.6	5	5.4	5.7	6	6.3	6.6		
	3/16	2.2	3.2	3.9	4.3	5	5.5	6	6.4	6.8	7.2	7.5	7.8		
	13/64	2.9	3.6	4.5	5.1	5.9	6.5	7.1	7.6	8.1	8.5	8.9	9.2		
	7/32		4.1	5.1	5.8	6.8	7.6	8.3	8.9	9.4	9.9	10.3	10.6		
	15/64							8.8		10		11.2		12.4	
	1/4		5.2	6.4	7.4	8.9	9.8	10.6	11.4	12.1	12.8	13.4	13.9	14.8*	15.3*
	17/64								12.5		14		15.6		17.1
	9/32					11.2	12.3	13.3	14.3	15.2	16	16.8	17.5	18.1	18.9
	19/64									16.6		18.3		19.9	
	5/16					13.1	15.2	16.5	17.7	18.9	20	21	22	23	23.9
	21/64										20.8		22.7		24.6
	11/32					16.5	18	19.7	21.1	22.5	23.8	25	26.2	27.4	28.5
	23/64										24.5		26.8		29.1
	3/8					19	21	22.8	24.4	26	27.5	29.1	30.6	32	33.2
	13/32								29*	30.9*	32.7*	34.5*	36.2*	37.4*	38.9*
7/16								33.5*	35.6*	37.7*	39.7*	41.7*	43.6*	45.3*	
1/2								42.5*	45.2*	47.7*	50.2*	52.5*	54.7*	56.8*	

NOTE: Use the maximum number heads operating at any one time.

Rate per head in gpm comes from either manufacturer's specifications using orifice size and operating pressure or from OWRD chart.

# Attachment 4: Pump Test



## PUMP TEST FORM COVER SHEET

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**Owner Information:**

<b>OWNER NAME/BUSINESS NAME:</b> Christmas Valley Domestic Water District	<b>PHONE NO.:</b> (541) 576-2800	<b>ADDITIONAL CONTACT NO.:</b>
<b>ADDRESS:</b> 87379 Holly Lane		
<b>CITY:</b> Christmas Valley	<b>STATE:</b> OR	<b>ZIP:</b> 97641
<b>E-MAIL:</b> cvwater@internetextension.com		

**Pump Test Conducted By (If Different From Owner):**

<b>TEST CONDUCTED BY NAME:</b> Nicole Brandy	<b>QUALIFICATION (SELECT):</b> Registered Geologist	<b>LICENSE #:</b> 62739
<b>COMPANY:</b> Anderson Engineering + Surveying		
<b>ADDRESS:</b> 17681 Hwy 395		
<b>CITY:</b> Lakeview	<b>STATE:</b> OR	<b>ZIP:</b> 97630
<b>E-MAIL:</b> nicoleb@andersonengineering.com		

**Tested Well Information (please attach well log(s) if available):**

WELL LOG # <small>(EX: MARI 99999)</small>	WELL TAG # <small>(EX: L-999999)</small>	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
LAKE 1024	L-	well 3	650	M. Ann Phillips Co	3/20/63	11/19/21

(CONTINUED)

TWP <small>(EX: 25S)</small>	RNG <small>(EX: 31E)</small>	SEC <small>(EX: 12)</small>	QQ <small>(EX: SE/8W)</small>	SURVEYED LOCATION <small>(EX: 100 ft N &amp; 735 ft E fr SE cor, sec 5)</small>	LATITUDE <small>(EX: 44.94473850)</small>	LONGITUDE <small>(EX: -123.02787000)</small>
27S	17E	17		1180 S + 610 E from N 1/4 corner, sec 17	43.140456 N	-120.434227 W

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-12865	G-12659	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 # <small>(EX: MARI 99999)</small>	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. **Approximate distance:** \_\_\_\_\_ ft.  
 Well elevation is above the surface water body. **Approximate elevation difference:** \_\_\_\_\_ ft.

Was the test conducted during normal use of the well?  
 Please indicate where pumped water was discharged: into the storage tank  
 How far from the pumped well was water discharged? ~ 1 mile ft.  
 is pumped into the system so technically, during testing, this well acted as if being turned on for normal use.

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

OWRD20200115



Water-Level Measurement Method: E-tape      \*Verify here: { Airline: \_\_\_\_\_ psi \_\_\_\_\_ feet.  
Length of air line (if used): N/A      { E-Tape: 500 \_\_\_\_\_ feet.

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

Pressure transducer (if used):  
Manufacturer: N/A      Serial #: \_\_\_\_\_  
Date Last Calibrated: \_\_\_\_\_      Units: \_\_\_\_\_

Pump Type: Berkeley FT40-350  
HP: 40      Pump/set at: \_\_\_\_\_ feet.  
Pump idle time: + 3 months

Discharge Measurement Method: Flow meter  
Flowmeter (if used): ZTM26  
Manufacturer: Zenner      Serial #: 20209355  
Date Last Calibrated: 11/2/21      Units: ft3

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 1.20 feet.  
Description (e.g., top port of 1 inch port pipe, west side) top of flange at well head → 1" port on east side of wellhead

Time pump turned on: Date 11/19/21      Time 8:50  
Time pump turned off: Date 11/19/21      Time 12:50  
Total pumping time: 4 hr      hours 1      minutes.

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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).

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\*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?SESSIONID\\_OARD=1BdwLynsYAPNSQIW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2\\_ROSsl-277278532?selectedDivision=3186](https://secure.sos.state.or.us/oard/displayDivisionRules.action?SESSIONID_OARD=1BdwLynsYAPNSQIW330ZjSFZuMscp4Hfil-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](mailto:WRD_DL_pumptestsupport@oregon.gov)

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

OPERATOR SIGNATURE: [Signature]      DATE: 11/19/21

OWNER SIGNATURE: [Signature]      DATE: 11/19/21

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

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WELL LOG # (EX: MAR 99999)	WELL TAG # (EX: L-99999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
LAKE 1021	L-	Well 3	650'	M. Dean Phillips Co.	3/20/63	11/19/21

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, )	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	(#3) Flowmeter Reading (if available)	Comments
11/19/21	8:10	0	43' 5 1/8"	0	Pre-test	N/A	9.43	
	8:30	0	43' 5 1/8"	0	Pre-test		9.4	
	8:50	0	43' 5 1/8"	0	Pre-test		9.4	
	8:52	2	90' 1 1/16"	0	Pumping		9	* Well discharge into ditch due to back initial head
	8:54	4	94' 0"	0	Pumping		9.8	quality better
	8:56	6	76' 2 1/16"	N/A	Pumping		10	initial head turned on
	8:58	8	97' 6 3/4"	.0075 cfs	Pumping		11.1	
	9:00	10	99' 9 1/2"	.008 cfs	Pumping		12.1	
	9:05	15	102' 6 1/16"	.005 cfs	Pumping		13.5	
	9:10	20	105' 7 1/16"	.0067 cfs	Pumping		15.5	
	9:15	25	108' 4 1/4"	.0067 cfs	Pumping		17.5	
	9:20	30	110' 8 1/16"	.0067 cfs	Pumping		19.5	
	9:35	45	117' 9 7/16"	.0067 cfs	Pumping		25.5	
	9:50	100 hr	123' 4"	.0076 cfs	Pumping		32.5	
	10:05	1 hr 15 min	126' 2 1/4"	.0072 cfs	Pumping		39.0	
	10:20	1 hr 30 min	132' 10 3/4"	.0067 cfs	Pumping		45.0	
	10:35	1 hr 45 min	137' 10 1/4"	.0067 cfs	Pumping		51.0	
	10:50	2 hr	139' 2 1/16"	.0067 cfs	Pumping		57.0	
	11:05	2 hr 15 min	139' 0"	.0072 cfs	Pumping		63.5	
	11:20	2 hr 30 min	140' 8 3/16"	.0067 cfs	Pumping		69.5	
	11:35	2 hr 45 min	141' 6 1/2"	.0067 cfs	Pumping		75.5	
	11:50	3 hr	142' 3 9/16"	.0067 cfs	Pumping		81.5	
	12:05	3 hr 15 min	143' 7 7/16"	.0067 cfs	Pumping		87.5	
	12:20	3 hr 30 min	144' 9 7/16"	.0067 cfs	Pumping		93.5	
	12:35	3 hr 45 min	146' 1 1/4"	.0067 cfs	Pumping		99.5	
	12:50	4 hr	147' 2 21/16"	.0067 cfs	Pumping		105	
	12:52	4 hr 2 min	118' 0 7/16"	0	Recovery		115	
	12:54	4 hr 4 min	107' 8 15/16"	0	Recovery		"	
	12:56	4 hr 6 min	100' 10 3/4"	0	Recovery		"	
	12:58	4 hr 8 min	95' 4"		Recovery		"	
	13:00	4 hr 10 min	92' 11 7/16"		Recovery		"	
	13:05	4 hr 15 min	87' 11 1/4"		Recovery		"	
	13:10	4 hr 20 min	84' 6 1/2"		Recovery		"	
	13:15	4 hr 25 min	81' 11 21/16"		Recovery		"	
	13:20	4 hr 30 min	75' 11 7/16"		Recovery		"	
	13:25	4 hr 35 min	75' 6 11/16"		Recovery		"	
	13:50	5 hr	72' 2 1/4"		Recovery		"	
	14:05	5 hr 15 min	69' 3 11/16"		Recovery		"	
	14:20	5 hr 30 min	67' 3 7/16"		Recovery		"	

Cont →

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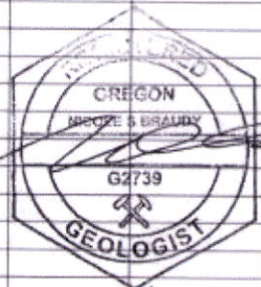
OREGON WATER RESOURCES DEPARTMENT

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
LAKE 1021	L-	Well 3	650'	M. Am Phillips Co.	3/20/63	11/15/21

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
11/19/21	14:35	5hr 45min	65' 5 1/4"	0	Recovery		105	
	14:50	6hr	63' 11"	0	Recovery		"	
	15:05	6hr 15min	62' 6 3/4"	0	Recovery		"	
	15:20	6hr 30min	60' 8"	0	Recovery		"	
	15:35	6hr 45min	60' 0 5/16"	0	Recovery	N/A	"	
	15:50	7hr	59' 9 5/16"	0	Recovery		"	
	16:05	7hr 15min	58' 11 1/4"	0	Recovery		"	
	16:20	7hr 30min	58' 9 1/4"	0	Recovery		"	
	16:35	7hr 45min	57' 8"	0	Recovery		"	
	16:50	8hr	57' 1 3/16"	0	Recovery		"	



11/22

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