

# 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)

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

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## SECTION 1 GENERAL INFORMATION

**1. File Information:**

APPLICATION # <b>G-16739</b>	PERMIT # (IF APPLICABLE) <b>G-16635</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-NA</b>
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**2a. Property Owner (current owner information):**

**TL 06 2W 24D 1000 Convey and use, TL 06 2W 25 400 Divert and convey**

APPLICANT/BUSINESS NAME <b>Carl &amp; Muriel Ditchen LLC</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>7385 Howell Prairie Rd NE</b>			
CITY <b>Silverton</b>	STATE <b>OR</b>	ZIP <b>97381</b>	E-MAIL

**2b. Property Owner (current owner information): TL 06 2W 25 100 Convey**

APPLICANT/BUSINESS NAME <b>Norman Wiesner</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>16484 South Abiqua Rd NE</b>			
CITY <b>Silverton</b>	STATE <b>OR</b>	ZIP <b>97381</b>	E-MAIL

**2c. Property Owner (current owner information): TL 06 2W 25 300 Convey**

APPLICANT/BUSINESS NAME <b>Ditchen Land Company LLC</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>7385 Howell Prairie Rd NE</b>			
CITY <b>Silverton</b>	STATE <b>OR</b>	ZIP <b>97381</b>	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 <b>Ditchen Land Co. LLC</b>		
ADDRESS <b>7385 Howell Prairie Rd NE</b>		
CITY <b>Silverton</b>	STATE <b>OR</b>	ZIP <b>97381</b>

ADDITIONAL PERMIT HOLDER OF RECORD <b>NA</b>		
ADDRESS		
CITY	STATE	ZIP

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**4. Date of Site Inspection:**

January 18, 2022

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

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NAME	DATE	ASSOCIATION WITH THE PROJECT
Duane Ditchen	January 18, 2022	Owner / Operator

**6. County**

Marion

**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>NA</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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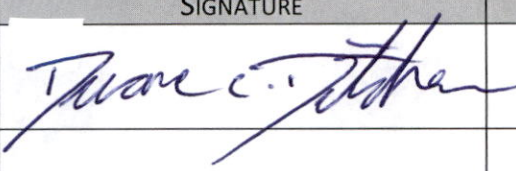
CWRE NAME <b>Doann Hamilton</b>		PHONE NO. <b>(503) 632-5016</b>	ADDITIONAL CONTACT NO. <b>(503) 349-6946</b>
ADDRESS <b>18487 S. Valley Vista Road</b>			
CITY <b>Mulino</b>	STATE <b>OR</b>	ZIP <b>97042</b>	E-MAIL <b>phgdmh@gmail.com</b>



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
	Duane C. Ditchen	member	1/24/22

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**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)
Dunn Well 3	MARI 4431	NA

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
Dunn Well 3	Howell Prairie Creek Basin	Pudding River

**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)
Dunn Well 3	Irrigation	Grass seed	March 1 through October 31	0.58 to 1.11 cfs
<b>Total Quantity of Water Used</b>				<b>0.58 to 1.11 cfs</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 conveyed from Dunn Well 3 (MARI 4431) using a 60 Hp turbine pump to convey the water to the east through a 7-foot-long, 8-inch steel pipe equipped with a meter before going below ground and connecting to a 6-inch buried PVC mainline. The 6-inch mainline tees north and south. The north fork stays buried through the neighbors' fields and below the creek bed before connecting to a 6-inch steel pipe coming above ground at the SE corner of TL 1000. About 65 feet of portable

aluminum 6-inch pipe is connected to the steel pipe heading west along the southern border of TL 1000, connecting to a hydrant and a buried 6-inch PVC pipe continuing west with hydrants every 250 feet. A hard-hose travel is connected to these hydrants to irrigate the place of use as needed.

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.

YES

(e.g. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

**1. The place of use was revised to include reference to the DLC:**

Original authorized place of use:

6S	2W	WM	24	SW SE	16.05
6S	2W	WM	24	SE SE	<u>11.89</u>
Total:					27.94

Revised place of use:

6S	2W	WM	24	SW SE	DLC 44	16.05
6S	2W	WM	24	SE SE	DLC 44	<u>11.89</u>
Total:						27.94

**2. The location of Well 1 (MARI 4431) is more correctly placed at: 1,120 feet south and 720 feet west from the NE corner, Section 25.**

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**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
Dunn Well 3	0.35 cfs	0.58 to 1.11 cfs	Not measured	Irrigation	27.94	27.94

**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):

Dunn Well 3



**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
6S	2W	WM	24	SW SE		44	Irrigation	16.05	NA
6S	2W	WM	24	SE SE		44	Irrigation	11.89	NA
<b>Total Acres Irrigated</b>								<b>27.94</b>	<b>NA</b>

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:

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1.5-inch access port on the north side of the well in the base plate of the turbine pump attached to the well.

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 MARI 4431						

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

See Well Log MARI 4431

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

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

NO

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

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

**D. Diversion and Delivery System Information**

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.



1. Is a pump used?

YES

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

SOURCE	MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Dunn Well 3	Jacuzzi	6 C/T 405 6x6x2x1 3/16	SVF 20144	Turbine	6 inch	8 inch
Hard Hose traveler	Cornel	3RB-EM16	199617 12 75 T809843	Centrifugal	4 inch	4 inch

3. Motor Information:

SOURCE	MANUFACTURER	HORSEPOWER
Dunn Well 3	Newman	60 Hp
Hard Hose traveler	John Deer 4029DF001	65 Hp

4. Theoretical Pump Capacity:

SOURCE	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)
Dunn Well 3	60 Hp	80-120 psi	85.2 feet (from permit condition pump test)	0 feet	1.08 to 1.46 cfs
Hard Hose traveler	65 Hp	80-120 psi	85.2 feet (from permit condition pump test)	0 feet	2.18 to 2.95 cfs

5. Provide pump calculations:

Dunn Well 3 at 80 psi	$Q \text{ Pump} = \frac{(60 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(85.2 \text{ ft lift} + 203.2 \text{ ft pressure head})} = 1.46 \text{ cfs}$	RECEIVED FEB 16 2022
Dunn Well 3 at 120 psi	$Q \text{ Pump} = \frac{(60 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(85.2 \text{ ft lift} + 304.8 \text{ ft pressure head})} = 1.08 \text{ cfs}$	OWRD
Dunn Well 3 plus booster at 80 psi	$Q \text{ Pump} = \frac{((60 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})) + ((65 \text{ Hp}) \times (6.61 \text{ ft}^4/\text{sec Hp}))}{(85.2 \text{ ft lift} + 203.2 \text{ ft pressure head})} = 2.95 \text{ cfs}$	
Dunn Well 3 plus booster at 120 psi	$Q \text{ Pump} = \frac{((60 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})) + ((65 \text{ Hp}) \times (6.61 \text{ ft}^4/\text{sec Hp}))}{(85.2 \text{ ft lift} + 304.8 \text{ ft pressure head})} = 2.18 \text{ cfs}$	

6. Measured Pump Capacity (using meter if meter was present and system was operating):

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Not running during site visit			

Reminder: For pump calculations use the reference information at the end of this document.



7. Is the distribution system piped?

YES

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8 inch	7 feet	Steel	Above ground
6 inch	2,500 feet	PVC	Buried
6 inch	6 feet	Steel	Buried and above ground
6 inch	65 feet	Aluminum	Above ground

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4.5 inch	1,600 feet	Polyethylene	Above ground

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
1	80-110	260 to 290	1	1	0.58 to 0.65 cfs
1.3	80-110	475 to 500	1	1	1.06 to 1.11 cfs

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)
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)?

NO

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

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.

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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

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

H. Additional notes or comments related to the system:

Dunn Well 3 (MARI 4461) also supplies Certificate 51286

## 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	January 14, 2010		
BEGIN CONSTRUCTION (A)	NA	NA	NA
COMPLETE CONSTRUCTION (B)	January 14, 2015	2012	Reported water use
COMPLETE APPLICATION OF WATER (C)	January 14, 2015	2012	All the permit conditions were met and water was put to full use.

\* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

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

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?

March

c. Was the measurement submitted to the Department?

YES

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d. If the initial measurement was not submitted, provide that measurement now, if available:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

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

Initial plus seven

a. Was the water user required to submit annual static water level measurements? **YES**

*If "NO", items b through e relating to this section may be deleted.*

b. Provide the month, or months, the static water level measurement(s) were to be made:

March

c. Were the static water level measurements taken in the month(s) required? **YES**

d. If "YES", were those measurements submitted to the Department? **YES**

e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

**5. Pump Test:**

a. Did the permit require the submittal of a pump test? **YES**

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

*If "NO", items b through e relating to this section may be deleted.*

b. Has the pump test been previously submitted to the Department? **NO**

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**

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c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Dunn Well 3	Seametrics – Model # IP117B	02210197	Working	244,196 gallons (January 18, 2022)	New meter installed: November 4, 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? NO

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? NO

WELL ID #	DATE ATTACHED TO WELL
NA	

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e. Other conditions? YES

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

**e1) Condition:**  
**The wells shall produce groundwater only from the alluvial groundwater reservoir.**

**Compliance:**  
**Dunn Well 3 (MARI 4431) develops water between the depths of 95 to 200 feet within cemented gravel and blue clay.**

**It appears this well 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 4431	Well log and driller’s notes for MARI 4431 – Dunn Well 3
BLM Cadastral Map	BLM Cadastral Map T. 6S. R. 2W showing DLC and Government Lot locations
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Dunn Well 3 (MARI 4431) conducted December 30, 2021

**SECTION 7  
CLAIM OF BENEFICIAL USE MAP**

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

The COBU map was prepared using tax assessor’s maps 06 2W 24, 24D, and 25 overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources Conservation Service, Image Metadata:  
<http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html>

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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.)**

- 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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**OREGON  
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DEPARTMENT**

**PUMP TEST FORM  
COVER SHEET**

**Owner Information:**

<b>OWNER NAME/BUSINESS NAME:</b> GOLDEN VALLEY FARMS		<b>PHONE No.:</b> 503-302-8126	<b>ADDITIONAL CONTACT No.:</b> ERIC
<b>ADDRESS:</b> 7385 HOWELL PRARIE RD NE			
<b>CITY:</b> SIVERTON	<b>STATE:</b> OR	<b>Zip:</b> 97381	<b>E-MAIL:</b>

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

<b>TEST CONDUCTED BY NAME:</b> DAVID PARSON		<b>QUALIFICATION:</b> (SELECT) Pump Installer <input checked="" type="checkbox"/>	<b>LICENSE #:</b> CPI-84
<b>COMPANY:</b> CLEARWATER PUMP SERVICE		<b>PHONE No.:</b> 503-367-2222	<b>ADDITIONAL CONTACT No.:</b>
<b>ADDRESS:</b> 2133 DOUGLAS ST.			
<b>CITY:</b> FOREST GROVE	<b>STATE:</b> OR	<b>Zip:</b> 97116	<b>E-MAIL:</b> CLEARWATERPUMP@HOTMAIL.COM

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

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
MARI431	L-		234 FT	CARL DITCHEN	3/24/75	12-30-21

(CONTINUED)

TWP (EX: 26S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (EX: 100 FT N & 735 FT E fr SE cor, sec 5)	LATITUDE (EX: 44.94473869)	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- 16739	G-1663S	T- NA	NA	<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)

DH  
CWAE

**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: OPEN DISCHARGE  
How far from the pumped well was water discharged? 400 FT ft.

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

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**PUMP TEST FORM  
COVER SHEET**

Water-Level Measurement Method: Electric Tape

Length of air line (if used): \_\_\_\_\_ \*Verify here: { Airline: \_\_\_\_\_ psi \_\_\_\_\_ feet.  
E-Tape: 600 \_\_\_\_\_ feet.

\*Airline measurements must be verified by an E-Tape measurement  
Pressure transducer (if used):  
Manufacturer: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Date Last Calibrated: \_\_\_\_\_ Units: \_\_\_\_\_

Pump Type: Turbine   
HP: \_\_\_\_\_ Pump set at: \_\_\_\_\_ feet.  
Pump idle time: 2 WEEKS

Discharge Measurement Method: Flowmeter   
Flowmeter (if used):  
Manufacturer: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Date Last Calibrated: UNKNOWN Units: GPM

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 feet.  
Description (e.g., top port of 1 inch port pipe, west side) 1-1/4 PORT NORTH SIDE OF CASING

Time pump turned on: Date 12/30/21 Time 10:30 AM  
Time pump turned off: Date 12/30/21 Time 2:30 PM  
Total pumping time: 4 hours 0 minutes.

Remember, your pump test may not be approved unless it meets the following criteria\*:

- The discharge rate was held constant for the entire pumping phase.
- The pump was on during the entire pumping phase (≥ 4 hours).
- The discharge was measured at the start of pumping and at least once every hour during the test.
- Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤ 2 min for the first 10 minutes, ≤ 5 min for 10 – 30 minutes, and ≤ 15 min for the remainder of the test)
- Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- The pump test cover sheet was completely filled out and signed.
- The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- The well was idle for at least 16 hours prior to the test.
- The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

\*This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:  
[https://secure.sos.state.or.us/oard/displayDivisionRules.action?SESSIONID\\_OARD=1BdwLynsYAPNSQW330ZSFZJMscp4Hfil-1ftsDAAEsMC2\\_ROSsl-277278532?selectedDivision=3186](https://secure.sos.state.or.us/oard/displayDivisionRules.action?SESSIONID_OARD=1BdwLynsYAPNSQW330ZSFZJMscp4Hfil-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: \_\_\_\_\_ DATE: 12/30/21

OWNER SIGNATURE: [Signature] DATE: 12/30/21

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

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WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-99999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
MARI 4431	L-		234 FT		3/24/1975	12/30/2021

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
12/30/21	9:30	0	687"	0	Pre-test			
	9:50	0	687"	0	Pre-test			
	10:10	0	687"	0	Pre-test			
	10:30	0	687"	850	Pre-test			
	10:32	2	796"	850	Pumping			
	10:34	4	799"	850	Pumping			
	10:36	6	803"	850	Pumping			
	10:38	8	825"	850	Pumping			
	10:40	10	829"	850	Pumping			
	10:45	15	829"	850	Pumping			
	10:50	20	835"	850	Pumping			
	10:55	25	841"	850	Pumping			
	11:00	30	846"	860	Pumping			
	11:15	45	852"	860	Pumping			
	11:30	60	854"	850	Pumping			
	11:45	75	855"	850	Pumping			
	12:00	90	855"	850	Pumping			
	12:15	105	855"	850	Pumping			
	12:30	120	861"	850	Pumping			
	12:45	135	861"	850	Pumping			
	1:00	150	861"	850	Pumping			
	1:15	165	861"	850	Pumping			
	1:30	180	862"	850	Pumping			
	1:45	195	862"	850	Pumping			
	2:00	210	862"	850	Pumping			
	2:15	225	862"	850	Pumping			
	2:30	240	862"	850	Pumping			
	2:32	242	763"	0	Recovery			
	2:34	244	692"	0	Recovery			
	2:36	246	683"	0	Recovery			
	2:38	248	679"	0	Recovery			
	2:40	250	674"	0	Recovery			
	2:45	255	673"	0	Recovery			
	2:50	260	670"	0	Recovery			
	2:55	265	669"	0				

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