

**Owner Information:**

OWNER NAME/BUSINESS NAME:		PHONE NO.:	ADDITIONAL CONTACT NO.:
ADDRESS:			
CITY:	STATE:	ZIP:	E-MAIL:

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

TEST CONDUCTED BY NAME:	QUALIFICATION: (SELECT)	LICENSE #:
COMPANY:	PHONE NO.:	ADDITIONAL CONTACT NO.:
ADDRESS:		
CITY:	STATE:	ZIP:
E-MAIL:		

**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
	L-					

(CONTINUED)

TWP (EX: 25S)	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: 44.94473859)	LONGITUDE (EX: -123.02787000)

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?	
G-	G-	T-		Yes	No (Need MWE Form)
G-	G-	T-		Yes	No (Need MWE Form)
G-	G-	T-		Yes	No (Need MWE Form)

**Nearby Wells and Streams:** Please check yes or no. Do not leave blank.

Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?

If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.

If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

WELL LOG # (EX: MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)

[ Is there a lake, stream or other surface water body within ¼ 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 \_\_\_\_\_ 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: \_\_\_\_\_

How far from the pumped well was water discharged? \_\_\_\_\_ ft.

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

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

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

**Pump Type:** \_\_\_\_\_  
 HP: \_\_\_\_\_ Pump set at: \_\_\_\_\_ feet.  
 Pump idle time: \_\_\_\_\_

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

**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 \_\_\_\_\_ land surface \_\_\_\_\_ feet.  
 Description (e.g., top port of 1 inch port pipe, west side) \_\_\_\_\_

**Time pump turned on:** Date \_\_\_\_\_ Time \_\_\_\_\_  
**Time pump turned off:** Date \_\_\_\_\_ Time \_\_\_\_\_  
 Total pumping time: \_\_\_\_\_ hours \_\_\_\_\_ minutes.

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

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

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

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

**Pump test requirements for OAR 690-217 can be found online at:**  
[https://secure.sos.state.or.us/oard/displayDivisionRules.action?JSESSIONID\\_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2\\_ROSs!-277278532?selectedDivision=3186](https://secure.sos.state.or.us/oard/displayDivisionRules.action?JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSs!-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: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_