

PUMP TEST UNREASONABLE BURDEN EXEMPTION REQUEST FORM

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

If there is a reason why a pump test cannot be performed on a well, the owner may request from the Director an exemption from the pump test requirement. Requests shall be in writing and include the reason why a pump test cannot be performed. Exemptions, or conditioned exemptions, shall be granted if the reasons are found to valid and eliminating the problem would place an unreasonable burden on the well owner. Exemptions shall be granted for public water supply wells if pump testing will cause interruption of service to customers. OAR 690-217-0015(3).

1. List each well and associated water right(s) for which you are requesting an exemption. If a well is listed on more than one water right, be sure to include them all here. If additional space is needed, please attach another form. If available, please attach all water well reports (i.e. well logs) and a map showing the locations of all wells listed on this form.

| | WELL LOG # <small>(EX. MARI 99999)</small> | WELL TAG # <small>(EX. L-999999)</small> | WELL NAME OR # | APPLICATION | PERMIT | TRANSFER |
|----------|---|---|----------------|-------------|--------|----------|
| a | | L- | | G- | G- | T- |
| b | | L- | | G- | G- | T- |
| c | | L- | | G- | G- | T- |
| d | | L- | | G- | G- | T- |
| e | | L- | | G- | G- | T- |

(CONTINUED)

| | TWP <small>(EX. 25S)</small> | RNG <small>(EX. 31E)</small> | SEC <small>(EX. 12)</small> | QQ <small>(EX. SE/SW)</small> | SURVEYED LOCATION <small>(EX: 100 ft N & 735 ft E fr SE cor, sec 5)</small> | LATITUDE <small>(EX: 44.94473859)</small> | LONGITUDE <small>(EX: -123.02787000)</small> |
|----------|---------------------------------|---------------------------------|--------------------------------|----------------------------------|--|--|---|
| a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |

2. Please explain why the test cannot be performed:

I hereby certify that the well(s) requested for exemption(s) are under my ownership.

SIGNATURE: _____ DATE: _____