

**Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM**

Well owner:

Name				Application:	
Address				Permit:	
City/State/Zip				Certificate:	
Phone/Fax/Cell				Userid:	
Email				Transfer	

Your water right requires periodic static water-level measurements in your wells. **Consult your permit or certificate to determine when measurements should be made, when reports are due, and who is allowed to make the measurements.** Keep a copy of all measurement reports for your records. **All wells that have been constructed must be measured regardless of whether they are being used.** Please contact the Department if you are no longer the holder of this right or no longer have an interest in it.

Complete one form for each well.

Other water rights that list this well:

Application number(s):				
Permit number(s):				
Certificate number(s):				

Identification of measured well (Provide as much information as possible.)

Water Resources Well Log ID:		Owner's well name:		
Well ID (Well Tag) on Well: L-		Well drilled by:		
Well ID (Well Tag) on Well Log:L-		Total depth	Casing diameter (inches):	
Start Card # on Well Log:		Owner on well log:		
Date drilled:				

Water-Level Measurement

Date of measurement: Measurements should be made to at least the nearest tenth of a foot (10.2), the nearest inch (10' 3") or the nearest pound, if using a gage.

Depth to water below measuring point: Airline length or transducer depth: feet

Measuring point height above/below land surface: Airline pressure: psi x 2.31= feet

Depth to water below land surface: Shut-in pressure: psi x 2.31= feet

Measurement Status: Static Pumping Rising Flowing Other

Measurement Method: E-tape Airline Other

Length of time well was idle prior to measurement:

Measuring point description:

The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.

Comments:

When did water use begin for this well under this permit? Month Year

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print):

Signature of measurer:

Company:

Licensed number (circle license type: CWRE, RG, PE, WWC, Pump Installer):

Daytime phone number:

Email address:

If you have any questions about this notice, please contact the Measurement & Reporting Section of the Department at 503-986-0822 or reportingmmts@wrđ.state.or.us. Return this form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite A, Salem, OR 97301-1266 or email it as an attachment to reportingmmts@wrđ.state.or.us.