

**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 call the Measurement & Reporting Section of the Department at 503-986-0822.

**Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266 or email as an attachment to [reportingmmts@wrdd.state.or.us](mailto:reportingmmts@wrdd.state.or.us).** Additional forms can be obtained from our web site at: [www.oregon.gov/owrd/](http://www.oregon.gov/owrd/)