

Oregon Water Resources Department
PUMP TEST FORM COVER SHEET

Well Owner:

Name: _____
Address: _____
County: _____
City: _____ State: _____ Zip: _____
Original owner (from well log): _____

Well Location:

Township: _____ (N/S) Range: _____ (E/W)
Section: _____ 1/4 : _____ 1/16 : _____ 1/64 : _____
Well depth: _____ Date drilled: _____
Owners well no. (if any): _____
POD ID: _____

Water Right Information:

Application: _____ Permit: _____ Certificate: _____
Is this well listed on more than one water right? Yes If yes, list additional water rights below:
Application: _____ Permit: _____ Certificate: _____
Application: _____ Permit: _____ Certificate: _____

Pump Test:

Test Conducted by: _____ Well Owner? Yes
Company: _____
Address: _____ Date of Test: _____
City: _____ State: _____ Zip: _____
Daytime phone: _____

Method of discharge measurement (see our brochure for acceptable methods): _____
Method of water-level measurement (pick one or enter other method used): _____
Length of air line (if used): _____

Pump type (pick one or enter other method used): _____
Was the pump test conducted during normal use of the well? Yes Note: _____

Are you aware of any wells, other than domestic or stock wells, pumping within 1000 feet of the tested well during the test or within 24 hours prior to the test? Yes Note: _____
If yes, give approximate distances to each and approximate pumping rate of each. If possible, indicate if they were turned on or off during the test: _____

Is there a lake, stream or other surface water body within 1/4 mile of the tested well? Yes If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approx. distance: _____ ft Approx. elevation difference: _____ ft

Well elevation is _____ surface water body.

Description of measuring point (e.g. top port of 1 inch port pipe, west side) _____

Measuring point distance _____ land surface _____ feet.

Static water level measurements: (A minimum of three measurements are required in the hour before pumping begins at no less than 20 minutes apart):

Time	Depth to water below meas. point	Depth to water below land surface
_____	_____	_____
_____	_____	_____
_____	_____	_____

Discharge measurements: (A discharge measurement is required at the start of pumping and at least once an hour during the test; additional measurements should be noted on the Pump Test Data Sheet):

Time	Discharge Rate	Discharge Units (e.g. gpm, cfs, etc)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Time pump turned on: Date _____ Time _____
Time pump turned off: Date _____ Time _____
Total pumping time: _____ hours _____ minutes

Note: Well must be idle for at least 16 hours prior to the test.

Additional forms can be obtained from our web site at: <http://www.wrd.state.or.us>

OWRD 2/9/2000

Required Signature: _____