



**Major Pump Test Submittal Form**  
for Most Land Divisions  
Major Pump Test – 12 hours with static water level

Property Site:

Owner: \_\_\_\_\_

Site Address or Nearby Roads: \_\_\_\_\_

Twp \_\_\_\_ Range \_\_\_\_ Section \_\_\_\_ Tax Lot \_\_\_\_

Number of wells on the property: \_\_\_\_\_

Site of Well (if different):

Owner: \_\_\_\_\_

Site Address or Nearby Roads: \_\_\_\_\_

Twp \_\_\_\_ Range \_\_\_\_ Section \_\_\_\_ Tax Lot \_\_\_\_

Number of wells on the property: \_\_\_\_\_

**For details** on how to conduct the pump test, and the required notification of nearby property owners, **see the handout: "Water Supply Requirements for Partitions and Subdivisions"** (revision date 3/2013 or later).

	<b>Pump Test Well</b>	<b>Monitoring Well #1</b>	<b>Monitoring Well #2</b>	<b>Monitoring Well #3</b>	<b>Monitoring Well #4**</b>
	<u>Required</u> for all wells on <i>this property</i> , all wells on <i>adjacent properties</i> (including across the street), and all wells <i>within 500 feet</i> of the subject property's boundaries.				
Well ID (L-number)*					
Depth of well		<i>if known</i>	<i>if known</i>	<i>if known</i>	<i>if known</i>
Pump depth		<i>if known</i>	<i>if known</i>	<i>if known</i>	<i>if known</i>
Depth at which water was first detected during drilling		<i>if known</i>	<i>if known</i>	<i>if known</i>	<i>if known</i>
Static water level (prior to pumping)					

- 1. For each well (pumped or monitored), complete a data sheet.** Use the attached data sheet. Attach additional sheets as necessary.
- 2. Attach a scaled map** showing all well locations, well ID numbers or reference numbers (matching the number used above).
- 3. The subject well's rate of sustained yield** determined by this professional: \_\_\_\_\_ gpm. (Shared wells must produce at least 5 gallons per minute per property.)
- 4. Describe how you determined this sustained yield. \*\***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of the Oregon-licensed well driller, pump installer, geologist, engineering geologist, or engineer who performed the test

License type and number

Exp. date

Company Name: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

\* The well must be registered with Oregon Water Resources. Go to [www.wrd.state.or.us](http://www.wrd.state.or.us) or call 503-986-0850.

\*\*Attach additional sheets as needed. The professional should attach other data he/she thinks are appropriate.

