

Registration No. GR-1092

Certificate No. GR-1053

Registration Statement

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

I, Ben Wapper
of route 1 box 265 Turner County of Mason
(Mailing address)

State of Oregon, do hereby make application for a certificate of registration as evidence of a right to appropriate ground water.

1. Source from which water is withdrawn is infiltration trench #2
(Flowing well, pump well, infiltration trench, or tunnel)

2. Location is: 1/4 mile S. Western Addition City of Turner
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) 520' E. 630' N. from Center Section 32 22 W. T 85
(Give distance and bearing to corner of section or other legal subdivision)

being within SW 1/4 of NE 1/4 of Sec. 32, Twp. 8 S, Rge. 2 W
(Smallest legal subdivision) (N. or S.) (E. or W.)

or (b) within limits of recorded platted property, town or city:

in Lot _____, Block _____ of _____
(Name of plat or addition)

County of _____
(If within city or town, give name)

3. Construction Work was begun on Aug 1948; was completed on Aug 1948
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on Aug 47
(Date)

since which time the water has been used each year till 1957
(Continuously or intermittently)

from June to Oct
(Date) (Date)

4. Quantity of water claimed and used is 100 gallons per minute; _____ acre feet per year.

5. Purpose or Purposes for which water is used General Domestic
(Domestic, irrigation, municipal, manufacturing, industrial, etc.)

6. Description of Well: Depth 12 feet. Type open
(Dug or drilled)

diameter _____ inches. Elevation of ground at well site _____ feet, mean sea level.
(As near as known)

Depth to water table 2 feet.

7. Capacity of Well: 100 g.p.m. with 8 feet drawdown.

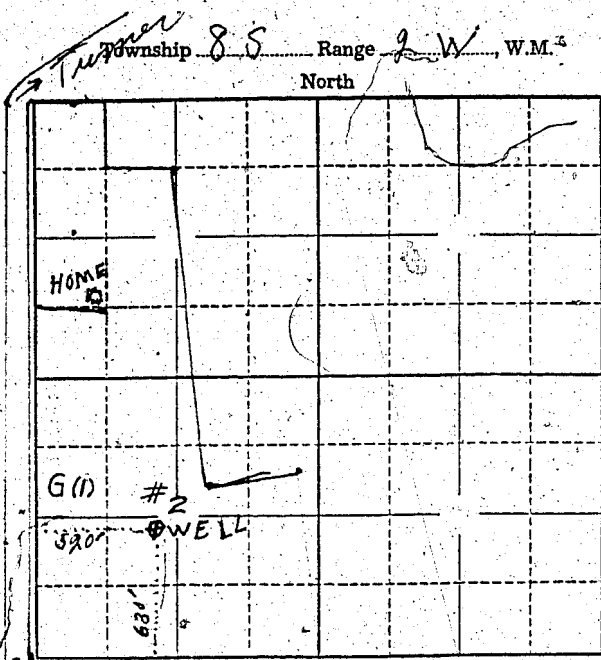
_____ g.p.m. with _____ feet drawdown.

Date of test summer

If Flowing Well: Measured discharge _____ g.p.m. on _____
(Date)

Shut-in pressure at ground surface _____ lbs. per sq. in. on _____
(Date)

Water is controlled by _____
(Cap, valve, etc.)



Center Sect. 32

Locate well and acreage of irrigated land on plat.
Scale: 2" = 1 Mile

STATE OF OREGON }
County of Marion } ss.

I, _____, being first duly sworn, do hereby certify that I have read the foregoing Registration Statement and that all of the items therein contained are true to the best of my knowledge and belief.

(Signature of Registrant)

Subscribed and sworn to before me this 26th day of February, 1958.
My commission expires 12th June 1961. *Wm. S. Bartholomew*
(Notary Public)

(SEAL)

CERTIFICATE OF REGISTRATION

STATE OF OREGON }
County of Marion } ss.

This is to certify that the foregoing Registration Statement was received in the office of the State Engineer on the 26th day of February, 1958, at 10:00 o'clock A.M. and has been duly recorded in said office in Book No. 5 of Registration Statements on page GR-1053C

Witness my hand this 30th day of June, 1958.
Laura A. Stanley
(State Engineer)

By _____
(Deputy)

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