

Registration Statement

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

I, Carlton Otto, H.L. & Irene Warner, Melvin Nye

of Milton-Freewater County of Umatilla

(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 Source from which water is withdrawn is Pumping Well
(Flowing well, pump well, infiltration trench, or tunnel)

2. Location is: 2 miles North West of Milton-Freewater
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) 230' West from the S.E. Corner of the N.E. Qt. S.E. Qt. N.W. Qt.
(Give distance and bearing to corner of section or other legal subdivision)

being within E. 1/4 NW 1/4 S.E. 1/4 N.W. 1/4 of Sec. 26, Twp. 6 N. Rge. 35 E.
(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 in 1925; was completed on in 1925
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on in 1925
(Date)

since which time the water has been used Continuously
(Continuously or Intermittently)

from MAY to September of each year.
(Date) (Date)

4. Quantity of water claimed and used is 400 gallons per minute; 150 acre feet per year.

5. Purpose or Purposes for which water is used Irrigation

(Domestic, irrigation, municipal, manufacturing, industrial, etc.)

6. Description of Well: Depth 100 feet. Type Dug 32 Drilled 68
(Dug or drilled)
diameter 8 in. casing inches. Elevation of ground at well site 900 feet, mean sea level.
(As near as known)

Depth to water table 18 to 40 feet.

7. Capacity of Well: 400 g.p.m. with 15 feet drawdown.

g.p.m. with feet drawdown.

Date of test 1925

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.)

8. Casing: (Give diameter, commercial specifications and depth below ground surface of each casing size.)

8 inch diameter Casing from 32 to 52 feet
 inch diameter from to feet
 inch diameter from to feet
 inch diameter from to feet

Describe and show depth of shoe, plug, adapter, liner or other details:

9. Perforated Casings or Screens:

(Number per foot and size of perforations, or describe screen)

..... from to
 from to
 from to
 from to

10. Log of Well: (Describe each stratum or formation clearly, indicate if water bearing, and give thickness and depth as indicated.)

MATERIAL	Thickness (Feet)	Depth to Bottom (Feet)
Soil	8'	
Gravel	24'	
Cement Gravel	8'	
Balance Gravel and Clay	60'	

If log of well is not available, give name and address of driller. Driller not known

11. Infiltration Trench: Covered or open
Dimensions: Length ft. Minimum depth ft. Maximum depth ft.

Bottom width ft. Discharge g.p.m. Date of test

12. Tunnel: Type of lining

Dimensions:
(Length, course, and cross sectional size)

Position of water bearing stratum with reference to portal of tunnel

Log of tunnel: (Preceding table for log of well may be used, if desired. Give footage from portal and character of materials, as pertinent.)

13. Pumping Equipment:

(a) Pump used at present time. 2 1/2" Capacity 200 g.p.m.
(Make, type and size)

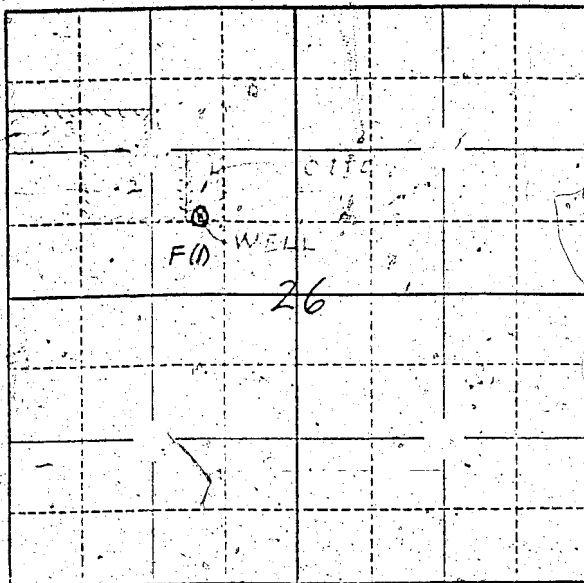
(b) Motor 7 1/2 H.P.
(Type and horsepower)

14. Location of area irrigated or to be irrigated, or place of use if for purposes other than irrigation.

Township North or South	Range E. or W. of Willamette Meridian	Section	Forty-acre Tract	Number Acres To Be Irrigated	Date of Reclamation
6N	35 E.	26	SE 1/4 of NW 1/4 30 acres	10 acres	1925 Not known
"	"	"	SW 1/4 of NW 1/4	10	"
"	"	"	NW 1/4 of NW 1/4	10 30	" /

15. If the ground water supply is supplemental to an existing water supply, identification of any application for a permit, permit, certificate or adjudicated right to appropriate water made or held by the registrant.
No supplemental water

Township 6 N Range 35 E W.M.
North



Locate well and acreage of irrigated land on plat.

Scale: $\frac{2''}{4''} = 1 \text{ Mile}$

STATE OF OREGON

County of _____

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 _____ day of _____, 19____.

My commission expires _____

(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 _____ day of _____, 19____, at _____ o'clock _____ M. and has been duly recorded in said office in Book No. 6 of Registration Statements on page GR-1094

Witness my hand this 20 day of August, 1958

(State Engineer)

By _____

(Deputy)

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