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STATE ENGINEER
GALLEN, OREGON

Registration No. GR - 1207

Certificate No. GR - 1167

Registration Statement

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

Edith M. Moe.

I, ~~Clarence M. Moe~~ *Edith M. Moe*

of 655 Meadow View Rd. E Junction City, County of LANE

State of ORE, 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 Source from which water is withdrawn is Pump Well
(Flowing well, pump well, infiltration trench, or tunnel)

2. Location is: 5 1/2 mi S Junction City
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) 2310' N 325' W FROM SE CORNER SEC 29
(Give distance and bearing to corner of section or other legal subdivision)

being within NE/SE of Sec. 29, Twp. 16S, Rge. 4W
(Smallest legal subdivision) (N. or S.) (E. or W.)

or (b) within limits of recorded platted property, town or city: First Addition to Meadow View

in Lot 433 Block _____ of _____
(Name of plat or addition)
County of LANE.
(If within city or town, give name)

3. Construction Work was begun on 1947; was completed on 1947
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on 1947
(Date)

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

from MAY to SEPT
(Date) (Date)

4. Quantity of water claimed and used is 56 gallons per minute; 26 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 41 feet. Type DRILLED

diameter 6" inches. Elevation of ground at well site 355 feet, mean sea level.
(Dug or drilled) (As near as known)

Depth to water table _____ feet.

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

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

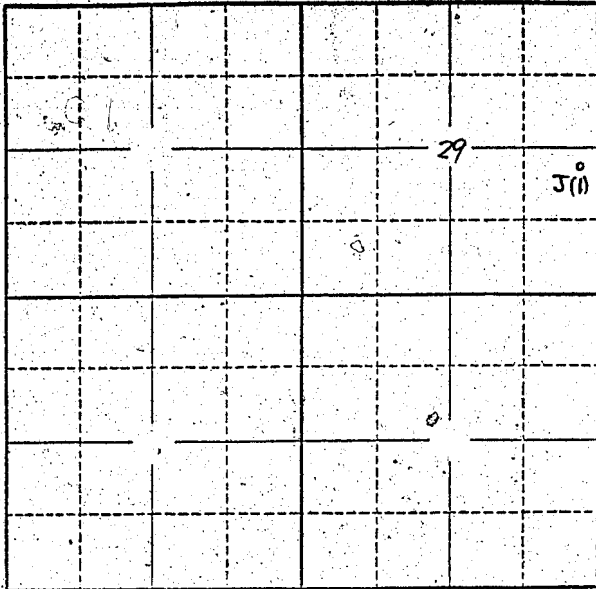
Date of test _____

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.)

Township 16 S Range 4 W, W.M.
North



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

STATE OF OREGON

County of _____ } ss.

I, Edith M. Mace, 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.

Edith M. Mace
(Signature of Registrant)

Subscribed and sworn to before me this 14th day of March, 1958.

My commission expires June 28, 1961
(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 18th day of March, 1958, at 8:00 o'clock A.M. and has been duly recorded in said office in Book No. 6 of Registration Statements on page GR-1167

Witness my hand this 17 day of September, 1958.

Laura A. Stanley
(State Engineer)

By _____ (Deputy)

\$15.00