

Registration Statement

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

I, John R. James
 of Route #1 Box 124 Ammonville County of Marion
(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 Source from which water is withdrawn is Pump Well #1
(Flowing well, pump well, infiltration trench, or tunnel)

2. Location is: _____
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:
S 90°20' E 493' to North 1/4 Cor Sec 25 T9S R 2W.

(a) _____
(Give distance and bearing to corner of section or other legal subdivision)
 being within SE 1/4 of SW 1/4 of Sec. 24, Twp. 9S, Rge. 2W
(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 1948; was completed on 1948
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on 1948
(Date)

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

from 1948 to Oct. 1957
(Date) (Date)

4. Quantity of water claimed and used is 280 gallons per minute; 15 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 20 1/2 feet. Type Drilled
(Dug or drilled)

diameter 8 inches. Elevation of ground at well site 356 feet feet, mean sea level.
(As near-as known)

Depth to water table 11 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.)

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

8 inch diameter *steel casing* from *0* to *20.5* 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:

yes *6" x 1/2" slots 3 per foot* from *10* to *20.5*
(Number per foot and size of perforations, or describe screen)
 _____ 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)
<i>Top soil</i>	<i>0</i>	<i>7</i>
<i>sand & gravel</i>	<i>7</i>	<i>20.5</i>

If log of well is not available, give name and address of driller. 4120 Market. Em 26380
Marion West

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 3in Centrifugal Pacifor Capacity 250 g.p.m.
(Make, type and size)

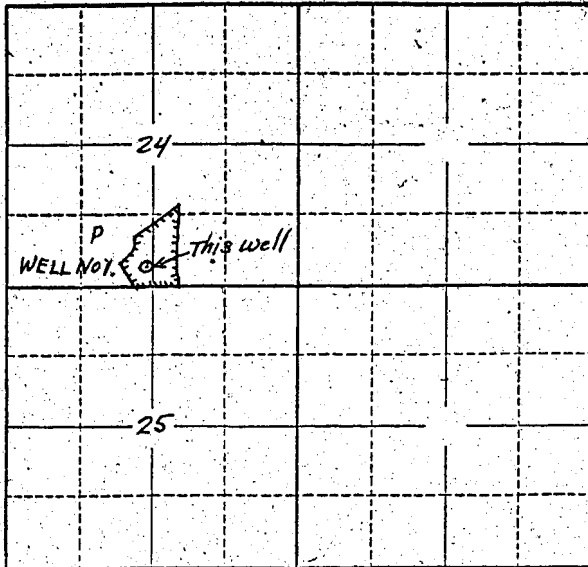
(b) Motor 15 Horse Horizontal
(Type and horsepower)

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
<u>T9</u>	<u>2W</u>	<u>24</u>	<u>SW 1/4 of SE 1/4</u>	<u>12.2</u>	<u>1948</u>
"	"	<u>24</u>	<u>NW 1/4 of SE 1/4</u>	<u>8.5</u>	"
"	"	<u>24</u>	<u>SE 1/4 of SW 1/4</u>	<u>9.2</u>	"
				<u>21.5 Total</u>	

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.

Township 9S Range 2W, W.M.
North



Locate well and acreage of irrigated land on plat.

Scale: $\frac{1}{4}$ " = 1 Mile

STATE OF OREGON

County of Marion

} ss.

I, John D. James, 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.

John D. James
(Signature of Registrant)

Subscribed and sworn to before me this 17th day of April, 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 17th day of April, 1958, at 11:15 o'clock A. M. and has been duly recorded in said office in Book No. 7 of Registration Statements on page GR-1385

Witness my hand this 20th day of October, 1958

Leura A. Stanley
(State Engineer)

By _____
(Deputy)