

Registration No. GR - 1463

Certificate No. GR - 1412

APR 21 1958
STATE ENGINEER
SALEM, OREGON

Registration Statement

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

I, Glenn D. and Naomi Roth

of Rt. 2, Box 505, Albany County of Linn

(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 Source from which water is withdrawn is Pump Well No. 1

(Flowing well, pump well, infiltration trench, or tunnel)

2. Location is: 8 miles northeast of Albany, Oregon

(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) 1617 feet N. and 3200 feet E. of SW corner S. 30, T. 10 S, R. 2 W.

(Give distance and bearing to corner of section or other legal subdivision)

being within NW 1/4 of SE 1/4 of Sec. 30, Twp. 10 S, Rge. 2 W

(Smallest legal subdivision)

(T. 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 Linn

(If within city or town, give name)

3. Construction Work was begun on 1945; was completed on 1945

(Date)

(Date)

and the ground water claimed was first used for the purposes set out below on 1945

(Date)

since which time the water has been used continuously

(Continuously or intermittently)

from 1945 to present time

(Date)

(Date)

4. Quantity of water claimed and used is 350 gallons per minute; 198.5 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 30 feet. Type Drilled

(Dug or drilled)

diameter 8 inches. Elevation of ground at well site 220 feet, mean sea level.

(As near as known)

Depth to water table 8 feet.

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

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

Date of test Not tested

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.)

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

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 Gould 2" centrifugal Capacity 350 g.p.m.
(Make, type and size)

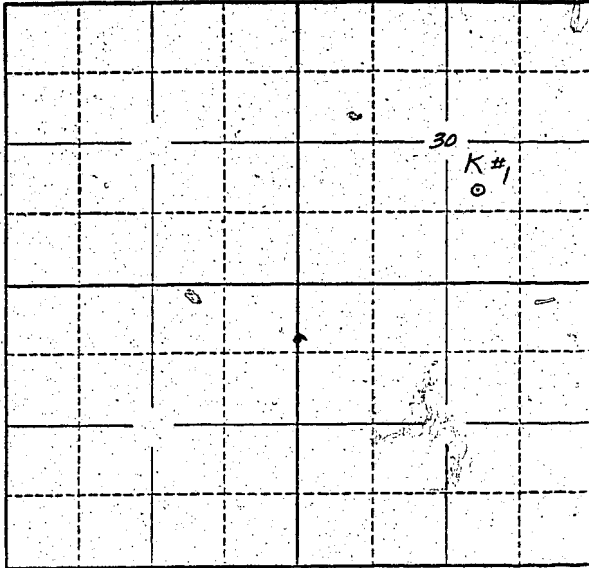
(b) Motor 15 H. P. Electric
(Type and horsepower)

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
10 S	2 W	30	SW $\frac{1}{4}$ of NE $\frac{1}{4}$	1.5	1945
10 S	2 W	30	NW $\frac{1}{4}$ of SE $\frac{1}{4}$	12.0	"
10 S	2 W	30	SW $\frac{1}{4}$ of SE $\frac{1}{4}$	27.0	"
10 S	2 W	31	NE $\frac{1}{4}$ of NW $\frac{1}{4}$	7.0	"
10 S	2 W	31	NW $\frac{1}{4}$ of NE $\frac{1}{4}$	30.9	"
10 S	2 W	31	SW $\frac{1}{4}$ of NE $\frac{1}{4}$	1.0	"
				79.4	

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 10 S Range 2 W W.M.
North



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

STATE OF OREGON }
County of Linn } ss.

I, Glenn D. Roth and Naomi Roth, 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.

Glenn D. Roth
Naomi Roth
(Signature of Registrant)

Subscribed and sworn to before me this 17th day of April, 1958

My commission expires 4/16/60 Alphina Bisgarten
(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 21st day of April, 1958, at 5:00 o'clock A.M. and has been duly recorded in said office in Book No. 7 of Registration Statements on page GR-1412

Witness my hand this 20th day of October, 1958

Levio A. Stanley
(State Engineer)

By _____ (Deputy)

GR - 1412

22.50