

Registration Statement

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

I, WAYNE L. WEEKS (WEEKS BERRY NURSERY)

of 3495 N. River Road 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 Source from which water is withdrawn is Pump Well #2
(Flowing well, pump well, infiltration trench, or tunnel)
2. Location is: Five miles North of Salem.
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) 350 Ft. East & 25 Ft. South of NW Corner of Section 34
(Give distance and bearing to corner of section or other legal subdivision)
 being within NW $\frac{1}{4}$ of NW $\frac{1}{4}$ of Sec. 34, Twp. 6 S., Rge. 3 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 Marion
(If within city or town, give name)

3. Construction Work was begun on 4/18/49; was completed on 4/19/49
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on 5/1/49
(Date)

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

from 5/1/49 to Present time as needed.
(Date) (Date)

4. Quantity of water claimed and used is 300 gallons per minute; _____ acre feet per year.

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

6. Description of Well: Depth 38 feet. Type Drilled
(Dug or drilled)
 diameter 8 inches. Elevation of ground at well site 140 feet, mean sea level.
(As near as known)
 Depth to water table 13 feet. 4/19/49 22 ft. 9/1/57

7. Capacity of Well: 300 g.p.m. with 9 ft. feet drawdown.
 _____ g.p.m. with _____ feet drawdown.

Date of test none

If Flowing Well: Measured discharge none g.p.m. on _____
(Date)

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

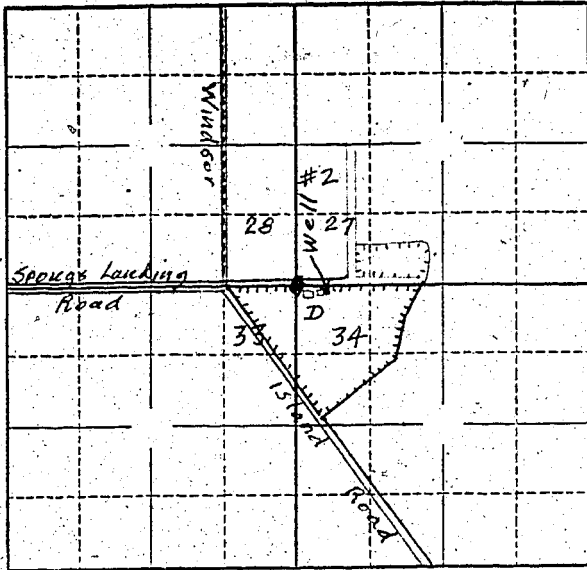
Water is controlled by _____
(Cap, valve, etc.)

Township 6 S. Range 3 W. W.M.

North

28

27



33

34

Locate well and acreage of irrigated land on plat.

Scale: 2" = 1 Mile

4

STATE OF OREGON

County of Marion

ss.

I, Wayne L. Weeks, 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.

Wayne L. Weeks
(Signature of Registrant)

Subscribed and sworn to before me this 15th day of May, 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 13th day of May, 1958, at 4:30 o'clock P. M. and has been duly recorded in said office in Book No. 7 of Registration Statements on page GR-1508

Witness my hand this 1st day of December, 1958

Levia A. Strain
(State Engineer)

By _____
(Deputy)

\$15.00

GR - 1508