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STATE ENGINEER
OREGON

Registration No. GR 1748

Certificate No. GR 1695

Registration Statement

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

I, Lynn Brooks Carlton Nursery Company
 of P.O. Box 8 Forest Grove County of Washington
(Mailing address)
 State of Oregon, do hereby make application for a certificate of registration as evidence of a right to appropriate ground water.

- Source from which water is withdrawn is Pump Well
(Flowing well, pump well, infiltration trench, or tunnel)
- Location is: Half way between Forest Grove Hornelius off Highway 6
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) S81° 0' W - 1910 feet from NE Corner Sec. 5
(Give distance and bearing to corner of section or other legal subdivision)
 being within SW 1/4 of NE 1/4 of Sec. 5, Twp. 1-S, Rge. 2
(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 Washington
(If within city or town, give name)

3. Construction Work was begun on May 1942; was completed on June 1942
(Date) (Date)
 and the ground water claimed was first used for the purposes set out below on June 1942
(Date)
 since which time the water has been used Intermittently
(Continuously & Intermittently)
 from 1942 to 1958
(Date) (Date)

4. Quantity of water claimed and used is 30 gallons per minute; 7.5 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 97 feet. Type Drilled
(Dug or drilled)
 diameter 6 inches. Elevation of ground at well site _____ feet, mean sea level.
(As near as known)
 Depth to water table 20 feet.

7. Capacity of Well: 30 g.p.m. with 35 feet drawdown.
 _____ g.p.m. with _____ feet drawdown.

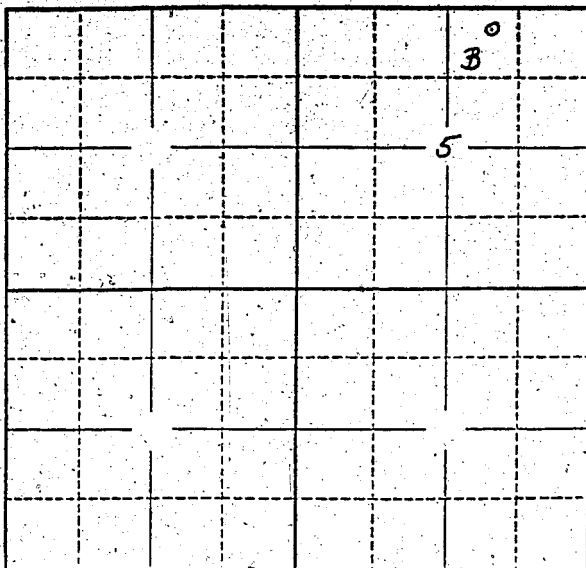
Date of test _____

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 15 Range 3W, W.M.
North



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

STATE OF OREGON

County of Marion } ss.

I, James D. Brack, 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.

James D. Brack
(Signature of Registrant)

Subscribed and sworn to before me this 26th day of March, 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 19th day of June, 1958, at 2:00 o'clock A. M. and has been duly recorded in said office in Book No. 8 of Registration Statements on page GR-1695

Witness my hand this 7th day of January, 1959

Lewis A. Stanley
(State Engineer)

By _____ (Deputy)

GR - 1695

#15.00