

Registration Statement

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

I, Mrs. Homer Knapp
of Rt. 1 Box 127A Hubbard County of CLACKAMAS
(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 Source from which water is withdrawn is pump well
(Pickling well, pump well, infiltration trench, or tunnel)

2. Location is: Six miles west of Melalla, Ore.
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) 72W. & 275'S from N 1/4 Corner Section 9
(Give distance and bearing to corner of section or other legal subdivision)

being within NE 1/4 NW 1/4 of Sec. 9, Twp. 5 S, Rge. 1 E
(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 June 19, 1953; was completed on June 29, 1953
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on June 1, 1954
(Date)

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

from June 1, 1954 to _____
(Date) (Date)

4. Quantity of water claimed and used is 10 gallons per minute; _____ acre feet per year.

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

6. Description of Well: Depth 49 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 16 feet.

7. Capacity of Well: 28 g.p.m. with 45 feet drawdown.

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

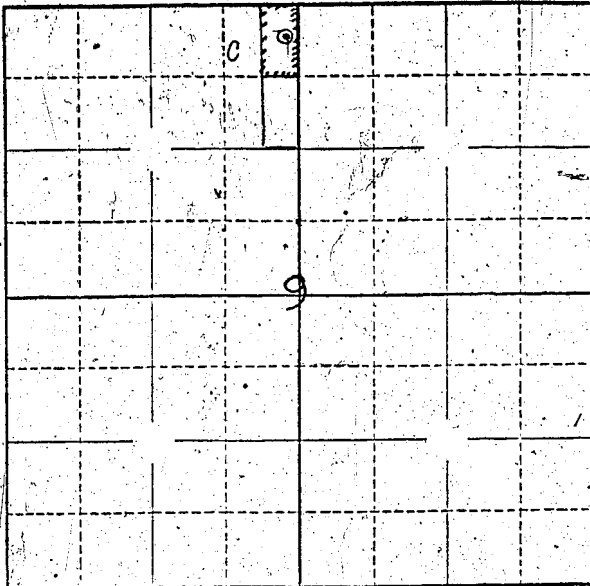
Date of test June 28, 1953

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 5 S Range 1 E, W.M.
North



Locate well and acreage of irrigated land on plat.

Scale: ~~8~~ = 1 Mile
4"

STATE OF OREGON

County of Marion } ss.

I, Mrs. Helen V. Knapp, 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.

Mrs. Helen V. Knapp
(Signature of Registrant)

Subscribed and sworn to before me this 28th day of July, 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 28th day of July, 1958, at 9:00 o'clock A.M. and has been duly recorded in said office in Book No. 11 of Registration Statements on page GR-2618

Witness my hand this 6th day of April, 1959

LEWIS A. STEVENS
(State Engineer)

By _____
(Deputy)

\$15.00