

Registration Statement

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

I, BERTRAM AMORPHY

of RT 2-Box 135 SALEM ORE. County of MARICOPPA

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 Source from which water is withdrawn is PUMP WELL
(Flowing well, pump well, infiltration trench, or tunnel)

2. Location is: 7 1/2 MILES W. SALEM
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) 205 feet west & 1560 feet North from SW corner Section 13
(Give distance and bearing to corner of section or other legal subdivision)

being within NW 1/4 of SW 1/4 of Sec. 13, Twp. 6 S Rge. 3 W
(Smallest legal subdivision) (or S.) (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 MAY 1947; was completed on MAY 1947
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on JUNE 1947
(Date)

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

from JUNE 1947 to OCT. 1957
(Date) (Date)

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

5. Purpose or Purposes for which water is used FARM IRRIGATION AND

(Domestic, irrigation, municipal, manufacturing, industrial, etc.)

6. Description of Well: Depth 112 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 50 feet.

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

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

Date of test JUNE 1947

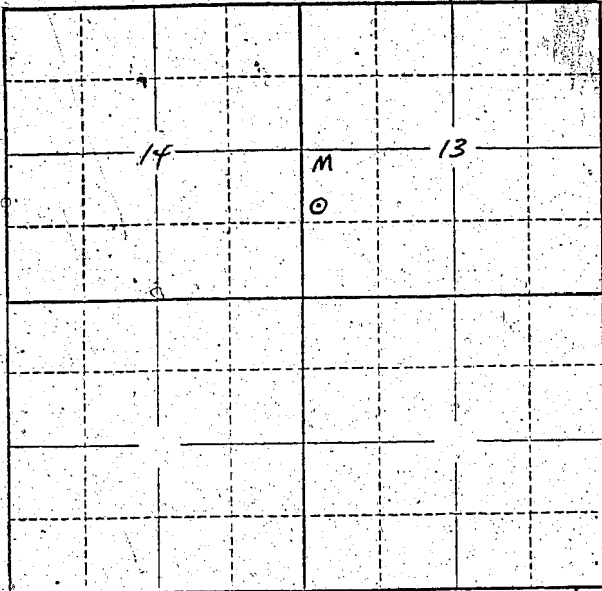
If Flowing Well: Measured discharge _____ g.p.m. on _____
(Date)

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

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

Township 24 S Range 16 W.M.

North



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

STATE OF OREGON

County of Marion

ss.

I, B. M. Murphy 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.

B. M. Murphy
(Signature of Registrant)

Subscribed and sworn to before me this 10th day of September, 19 58

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, 19 58, at 3 00 o'clock P. M. and has been duly recorded in said office in Book No. 12 of Registration Statements on page GR-2717

Witness my hand this 25th day of May, 19 59

[Signature]
(State Engineer)

By _____
(Deputy)

\$15.00

GR - 2717