

Registration Statement

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

I, CLAUDE D. BEDELL

of 650 RIVER LOOP No 1 EUGENE County of LANE

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 Source from which water is withdrawn is PUMP WELL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: 5 MILE NORTH OF EUGENE, OREGON
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) REGIMINATIVE CORNER OF L.P. IN DEXTER DONATION LAND CLAIM #52 WELL
(Give distance and bearing to corner of section or other legal subdivision)

being within N.W. 1/4 OF THE N.W. 1/4 of Sec. 12, Twp. 17 S, Rge. 4 W W 1 M
(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 1954; was completed on 1964
(Date) (Date)

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

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

from MAY to OCTOBER
(Date) (Date)

4. Quantity of water claimed and used is 15 gallons per minute; 1 1/2 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 20 feet. Type DRIVEN WELL
(Dug or drilled)

diameter 2 inches. Elevation of ground at well site 400 feet, mean sea level.
(As near as known)

Depth to water table 12 feet.

7. Capacity of Well: No T.K.N.O.W.N g.p.m. with No T.K.N.O.W.N feet drawdown.

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

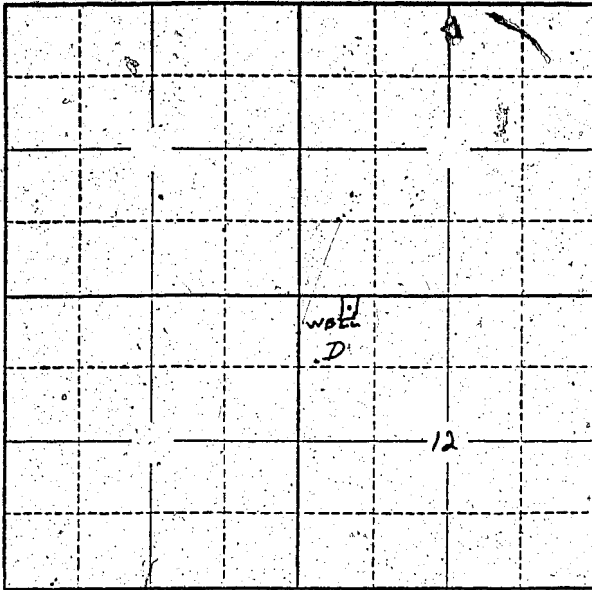
Date of test No T.K.N.O.W.N

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 17 S Range 4 W, W.M.
North



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

STATE OF OREGON

County of Marion } ss.

I, W. B. Smith, 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.

W. B. Smith
(Signature of Registrant)

Subscribed and sworn to before me this 12th day of July, 1958.

My commission expires January 1959
(Notary Public)

(SEAL)

CERTIFICATE OF REGISTRATION

STATE OF OREGON } ss.
County of Marion

This is to certify that the foregoing Registration Statement was received in the office of the State Engineer on the 29th day of July, 1958, at 8:00 o'clock A. M. and has been duly recorded in said office in Book No. 12 of Registration Statements on page GR-2752

Witness my hand this 25th day of May, 1959

Lewis A. Stanley
(State Engineer)

By _____
(Deputy)

GR - 2752

\$1500