

Registration Statement

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

I, Bernard and Elared Schiedler

of Rt 1 Box 128 Mt Angel 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 Source from which water is withdrawn is PUMP Well A
(Flowing well, pump well, infiltration trench, or tunnel)

2. Location is: 2 miles south of Mt Angel
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) 2410' S 85° 30'E from the NW Cor Sec 22 T6S R1W
(Give distance and bearing to corner of section or other legal subdivision)

being within NE 1/4 of the NW 1/4 of Sec. 22, Twp. 6 S, Rge. 1 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 _____
(If within city of town, give name)

3. Construction Work was begun on Dec 1937; was completed on Dec 1937
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on June 1938
(Date)

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

from June 1938 to date
(Date) (Date)

4. Quantity of water claimed and used is 15 gallons per minute; _____ 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 92 feet. Type drilled
(Dug or drilled)

diameter 6 inches. Elevation of ground at well site 175 feet, mean sea level.
(As near as known)

Depth to water table 18 feet.

7. Capacity of Well: 30 g.p.m. with 85 feet drawdown.

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

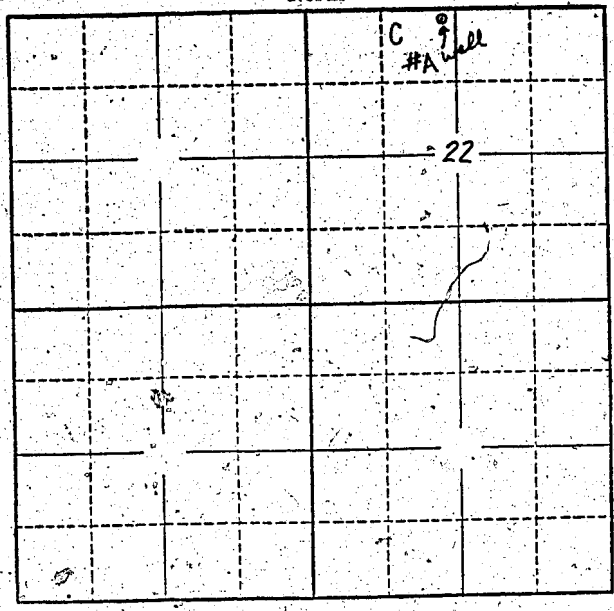
Date of test _____

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 6 S Range 1 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, Bernard Schiedler, 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.

Bernard Schiedler
(Signature of Registrant)

Subscribed and sworn to before me this 30th 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 30th day of July, 1958, at 10:20 o'clock A.M. and has been duly recorded in said office in Book No. 12 of Registration Statements on page GR 2911

Witness my hand this 25th day of May, 1959

Alvin A. Stanley
(State Engineer)

By _____
(Deputy)

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