

Registration Statement

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

Well # 2 Smith well

TO THE STATE ENGINEER OF OREGON:

I, LEON H. FUNKE and/or Flossie Funke
of ROUTE 2 EUGENE County of LANE
(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 Source from which water is withdrawn is GEORGE SMITH PLACE PUMP WELL
(Flowing well, pump well, infiltration trench, or tunnel)

2. Location is: one mile SW of Coburn School House
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) S. 2000'; E. 880' from NW corner of Sec. 32 T16S; R2W
(Give distance and bearing to corner of section or other legal subdivision)

being within SW 1/4 of Sec. 32, Twp. 16 S, Rge. 3 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 or town, give name)

3. Construction Work was begun on 1940; was completed on 1940
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on 1940
(Date)

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

from April to October each year
(Date) (Date)

4. Quantity of water claimed and used is 260 gallons per minute; 50 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 20 feet, Type drilled
(Dug or drilled)
diameter 36" inches. Elevation of ground at well site 580 feet, mean sea level.
(As near as known)
Depth to water table 1 feet.

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

Date of test no test

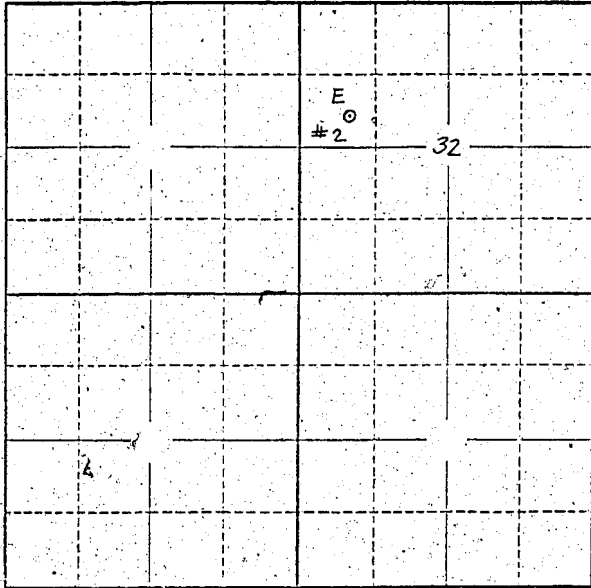
If Flowing Well: Measured discharge _____ g.p.m. on _____
(Date)

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

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

SEE ATTACHED Map

Township 16S Range 3W, W.M.
North



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

STATE OF OREGON

County of _____ Lane } ss.

I, Leon H. Funke and/or Flossie Funke, 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.

Leon H. Funke and/or Flossie Funke
(Signature of Registrant)

Subscribed and sworn to before me this 29th day of July, 1958

My commission expires May 17, 1960
(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 9⁰⁰ o'clock A.M. and has been duly recorded in said office in Book No. 13 of Registration Statements on page GR-3008

Witness my hand this 2nd day of June, 1959

Leora A. Stanley
(State Engineer)

By _____ (Deputy)

\$15.00