

Registration Statement

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

I, Albert C. Workman

of Route 2, Box 15, Aurora 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 Source from which water is withdrawn is from tile drainage system
(Flowing well, pump well, infiltration trench, or tunnel)

2. Location is: 1 1/2 miles northeast of Aurora on 99 E
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows: Sump #3 is 47.8 chains West and 35.4 chains South of N.E. corner of Sec. 7 T.4S.R.1E.

(a) (Give distance and bearing to corner of section or other legal subdivision)

being within SE 1/4 of NW 1/4 of Sec. 7, Twp. 4 S., Rge. 1 E. W. 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 Clackamas
(If within city or town, give name)

3. Construction Work was begun on 1933; was completed on 1936
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on June 1937
(Date)

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

from April 15 to September 1, of each year.
(Date) (Date)

4. Quantity of water claimed and used is 100 gallons per minute; 12 acre feet per year.

5. Purpose or Purposes for which water is used irrigation

See Item 11 (Domestic, irrigation, municipal, manufacturing, industrial, etc.)

6. Description of Well: Depth _____ feet. Type _____
(Dug or drilled)

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

Depth to water table _____ feet.

See Item 11

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

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

Date of test _____

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

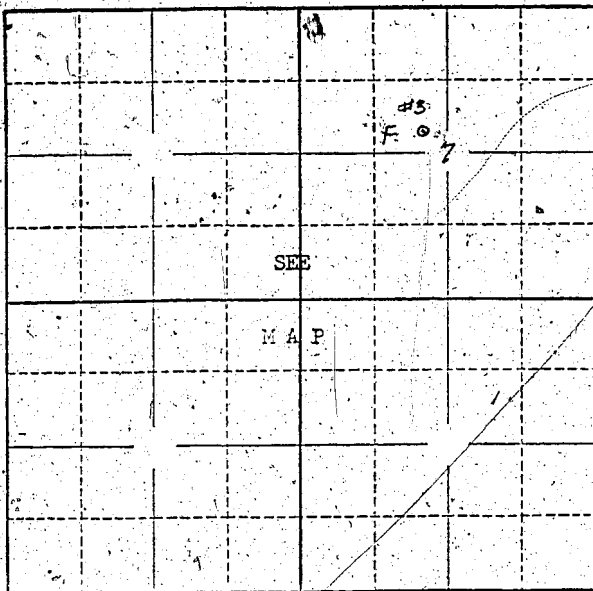
Shut-in pressure at ground surface _____ lbs. per sq. in. on _____
(Date)

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

SEE MAP

Township 45 Range 1E W.M.

North



Locate well and acreage of irrigated land on plat.

Scale: 2" = 1 Mile

STATE OF OREGON

County of Clackamas

ss.

I, Albert C. Workman, 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.

Albert C. Workman
(Signature of Registrant)

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

My commission expires Jan. 9, 1962

Allen S. Mills
(Notary Public) for Oregon.

(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 2:30 o'clock P.M. and has been duly recorded in said office in Book No. 13 of Registration Statements on page GR-3037

Witness my hand this 8th day of June, 1959

Luva A. Stanley
(State Engineer)

By _____
(Deputy)

\$15.00

GR - 3037