

Registration Statement

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

I, Glen Tierce (Tierce)

of RR-1 - Box 150 Turner County of Marion

State of Ore 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 Source from which water is withdrawn is Ring Well (Well # 2 on Map)
(Flowing well, pump well, infiltration trench, or tunnel)

2. Location is: 3 miles East of Marion
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) 2005' South and 899' E. of Corner Common to Secs. 23, 24, 25, 26
(Give distance and bearing to corner of section or other legal subdivision)

being within SW 1/4 + NW 1/4 of Sec. 25, Twp. 9S, Rge. 2W
(Smallest legal subdivision) (N. or S.) (E. or W.)

or 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 March 1952; was completed on March 1952
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on May 1952
(Date)

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

from 1952 to 1958
(Date) (Date)

4. Quantity of water claimed and used is 400 gallons per minute; _____ acre feet per year.

5. Purpose or Purposes for which water is used Irrigating Crops
(Domestic, irrigation, municipal, manufacturing, industrial, etc.)

6. Description of Well: Depth 22 ft feet. Type Drilled
(Dug or drilled)

diameter 8 1/2 inches. Elevation of ground at well site _____ feet, mean sea level.
(As near as known)

Depth to water table 8 ft feet.

7. Capacity of Well: No test made g.p.m. with _____ feet drawdown.

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

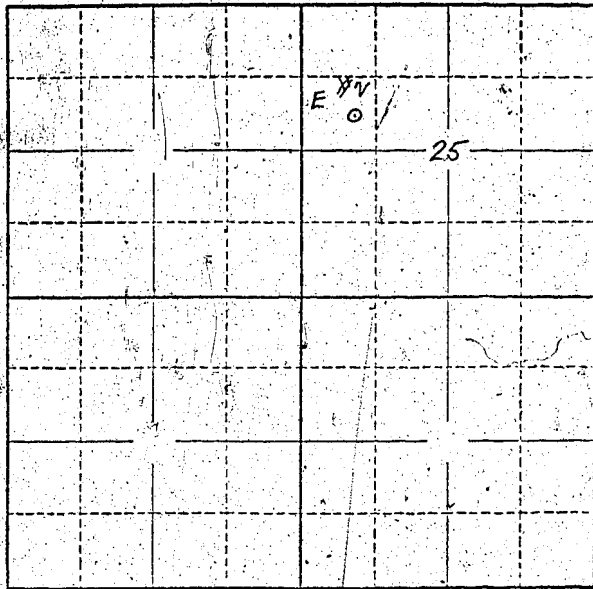
Date of test _____

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.)

Township 9S Range 2W, W.M.
North



Locate well and acreage of irrigated land on plat.

Scale: 2" = 1 Mile

STATE OF OREGON

County of Marion

} ss.

I, Glen Tierce 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.

Glen Tierce

(Signature of Registrant)

Subscribed and sworn to before me this 31st day of July, 1958.

My commission expires 12th June 1961

Wm. J. 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 31st day of July, 1958, at 9:30 o'clock A. M. and has been duly recorded in said office in Book No. 13 of Registration Statements on page GR 3201

Witness my hand this 20th day of July, 1959

Lawrence A. Otterley

(State Engineer)

By

(Deputy)

\$15.00