

# Registration Statement

## OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

I, Simpson Redwood Company dba Simpson Logging Company

of 2301 N. Columbia Blvd., Portland County of Multnomah

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 Source from which water is withdrawn is Pump Well #2  
(Flowing well, pump well, infiltration trench, or tunnel)

2. Location is: 1 mile east of Lyons  
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) 430' north and 655' west of southeast corner  
(Give distance and bearing to corner of section or other legal subdivision)

being within SE 1/4 section of Sec. 20 Twp. 9S Rge. 2E  
(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 9-17-51; was completed on 9-25-51  
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on 4-52  
(Date)

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

from 1951 to Oct 1958  
(Date) (Date)

4. Quantity of water claimed and used is 18 gallons per minute; \_\_\_\_\_ acre feet per year.

5. Purpose or Purposes for which water is used industrial

(Domestic, irrigation, municipal, manufacturing, industrial, etc.)

6. Description of Well: Depth 119 feet. Type drilled  
(Dug or drilled)

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

Depth to water table 12 feet.

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.)

8. Casing: (Give diameter, commercial specifications and depth below ground surface of each casing size.)

6 inch diameter ..... from 0 to 34.5 feet  
 ..... inch diameter ..... from ..... to ..... feet  
 ..... inch diameter ..... from ..... to ..... feet  
 ..... inch diameter ..... from ..... to ..... feet

Describe and show depth of shoe, plug, adapter, liner or other details: .....

9. Perforated Casings or Screens:

information not available

(Number per foot and size of perforations, or describe screen)

from ..... to .....  
 from ..... to .....  
 from ..... to .....  
 from ..... to .....

10. Log of Well: (Describe each stratum or formation clearly, indicate if water bearing, and give thickness and depth as indicated.)

| MATERIAL         | Thickness (Feet) | Depth to Bottom (Feet) |
|------------------|------------------|------------------------|
| clay             | 7                | 7                      |
| boulders         | 23               | 30                     |
| yellow sand rock | 6                | 36                     |
| gray sand rock   | 13               | 49                     |
| blue shale       | 4                | 53                     |
| black sand rock  | 12               | 65                     |
| blue shale       | 54               | 119                    |
|                  |                  |                        |
|                  |                  |                        |
|                  |                  |                        |
|                  |                  |                        |
|                  |                  |                        |
|                  |                  |                        |
|                  |                  |                        |
|                  |                  |                        |
|                  |                  |                        |
|                  |                  |                        |
|                  |                  |                        |
|                  |                  |                        |
|                  |                  |                        |
|                  |                  |                        |
|                  |                  |                        |
|                  |                  |                        |
|                  |                  |                        |

If log of well is not available, give name and address of driller.

11. Infiltration Trench: Covered or open

Dimensions: Length \_\_\_\_\_ ft. Minimum depth \_\_\_\_\_ ft. Maximum depth \_\_\_\_\_ ft.

Bottom width \_\_\_\_\_ ft. Discharge \_\_\_\_\_ g.p.m. Date of test \_\_\_\_\_

12. Tunnel: Type of lining

Dimensions: \_\_\_\_\_  
(Length, course, and cross sectional size)

Position of water bearing stratum with reference to portal of tunnel \_\_\_\_\_

Log of tunnel: (Preceding table for log of well may be used, if desired. Give footage from portal and character of materials, as pertinent.)

13. Pumping Equipment:

(a) Pump Layne & Bowler, Turbine Capacity 20 g.p.m.  
(Make, type and size)

(b) Motor Vertical, 3 HP  
(Type and horsepower)

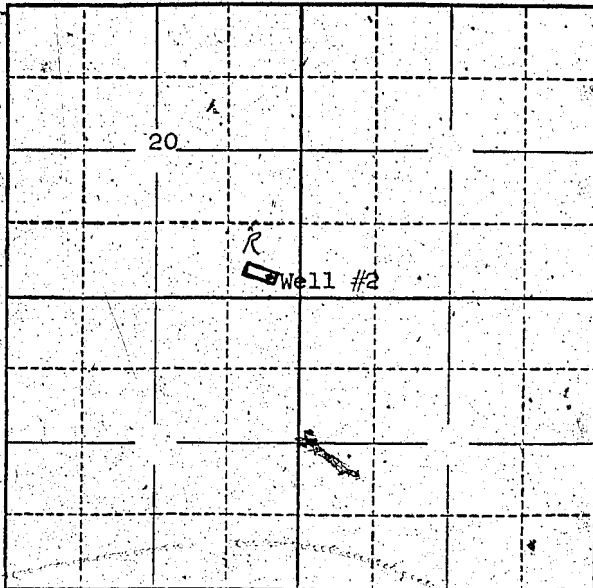
14. Location of area irrigated or to be irrigated, or place of use if for purposes other than irrigation.

| Township North or South | Range E. or W. of Willamette Meridian | Section | Forty-acre Tract                  | Number Acres To Be Irrigated | Date of Reclamation |
|-------------------------|---------------------------------------|---------|-----------------------------------|------------------------------|---------------------|
| 9S                      | 2E                                    | 20      | SE $\frac{1}{4}$ SE $\frac{1}{4}$ | Industrial                   | 1952                |
|                         |                                       |         |                                   |                              |                     |
|                         |                                       |         |                                   |                              |                     |
|                         |                                       |         |                                   |                              |                     |
|                         |                                       |         |                                   |                              |                     |
|                         |                                       |         |                                   |                              |                     |
|                         |                                       |         |                                   |                              |                     |
|                         |                                       |         |                                   |                              |                     |
|                         |                                       |         |                                   |                              |                     |
|                         |                                       |         |                                   |                              |                     |
|                         |                                       |         |                                   |                              |                     |
|                         |                                       |         |                                   |                              |                     |
|                         |                                       |         |                                   |                              |                     |
|                         |                                       |         |                                   |                              |                     |
|                         |                                       |         |                                   |                              |                     |
|                         |                                       |         |                                   |                              |                     |
|                         |                                       |         |                                   |                              |                     |
|                         |                                       |         |                                   |                              |                     |
|                         |                                       |         |                                   |                              |                     |

15. If the ground water supply is supplemental to an existing water supply, identification of any application for a permit, permit, certificate or adjudicated right to appropriate water made or held by the registrant.

Township 9S Range 2E W.M.

North



Locate well and acreage of irrigated land on plat.

Scale: 2" = 1 Mile

STATE OF OREGON

County of MULTNOMAH

ss.

I, Harold A. Ahlskog, 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.

SIMPSON REDWOOD COMPANY dba SIMPSON LOGGING COMPANY

*Harold A. Ahlskog*  
(Signature of Registrant)

Mfg. Rep.

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

My commission expires April 27, 1959

*Albert A. Steiner*  
(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 2:00 o'clock P.M. and has been duly recorded in said office in Book No. 13 of Registration Statements on page GR-3213

Witness my hand this 20th day of July, 1959

*Clara A. Stanley*  
(State Engineer)

By \_\_\_\_\_ (Deputy)

\$20.00

GR-3213