

Registration Statement

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 STATE ENGINEER

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

I, Worth E. Glass
 of 601 - Wilcox Dr., Astoria, Ore. County of Clatsop
(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 Source from which water is withdrawn is private well #1
(Flowing well, pump well, infiltration trench, or tunnel)

2. Location is: One mile North and one mile East of Astoria, Ore.
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows: 133.96 North and 1889.13 East of N.W. Corner Lawrence Poindexter D.L.C. #52, T. 17 S. R. 4 W.W.M.

(a) S.W. 1/4 of S.W. 1/4 (Give distance and bearing to corner of section or other legal subdivision)
 being within S.W. 1/4 of S.W. 1/4 of Sec. 17, Twp. 17 S., Rge. 4
(Smallest legal subdivision) (or S.) (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 1951; was completed on 1951
(Date) (Date)
 and the ground water claimed was first used for the purposes set out below on _____
(Date)
 since which time the water has been used _____
(Continuously or intermittently)

from April to October
(Date) (Date)

4. Quantity of water claimed and used is 200 gallons per minute; _____ acre feet per year.

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

6. Description of Well: Depth 2 feet. Type _____
(Dug or drilled)
 diameter 3 inches. Elevation of ground at well site _____ feet, mean sea level.
(As near as known)
 Depth to water table _____ feet.

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

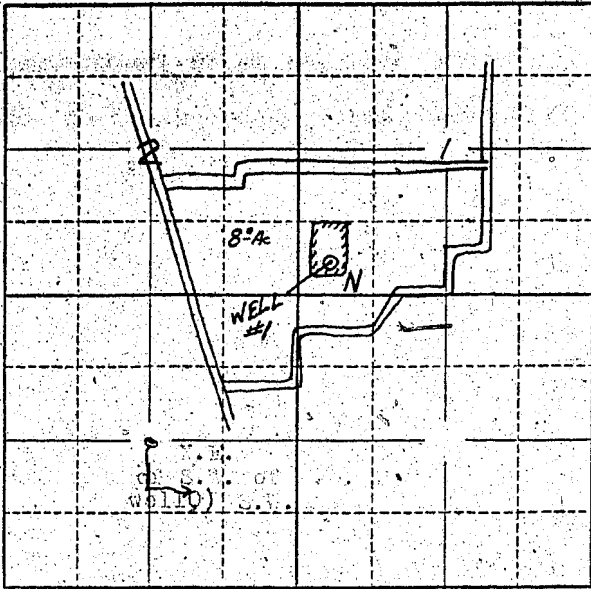
Date of test _____

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.)

Township 17 S Range 4 W W.M.
North



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

STATE OF OREGON

County of _____ } ss.

I, _____, 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.

Noah E. Glead
(Signature of Registrant)

Subscribed and sworn to before me this 25 day of _____, 1955.

My commission expires _____ My Commission Expires April 10, 1962

A. Edgar
(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 1 day of August, 1955, at 8:00 o'clock A.M. and has been duly recorded in said office in Book No. 17 of Registration Statements on page GR-4085

Witness my hand this 16th day of May, 1960

LEWIS A. STANLEY
(State Engineer)

By *Max F. Rogers*
Max F. Rogers (Deputy)

GR 4085

\$15.00