## Registration Statement

## OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

## TO THE STATE ENGINEER OF OREGON:

I, Harvey Mitchell	**********************************
of Route 1, Jefferson, Oregon County of Lir	
State of Oregon , do hereby make application for a certificate of regis	trotion on wridenes
of a right to appropriate ground water.	
1. Source from which water is withdrawn isPump_well, pump well, infiltration tree	ich, or tunnel)
2. Location is:5_Miles_South_of_Jefferson	······;
and is more particularly described as follows:	
(a) 990 ff. (Give distance and bearing to corner of section or other legal subdivision)  (Give distance and bearing to corner of section or other legal subdivision)  (Smallest legal subdivision), (Smallest legal subdivision)	a of Sec. 24
song within SElyot NEly of Sec. 24, Twp. 10	, Rge. 3 W
(b) within limits of recorded platted property, town or city:	
m ot	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name of plat or addition)	***************************************
(H within city or town, give name)  County of <u>Linn MARION</u>	
(If within city or town, give name)	
3. Construction Work was begun on; was completed on;	1952
and the ground material in the state of the	(Date)
and the ground water claimed was first used for the purposes set out below onJuly	$Q \propto Q$
since which time the water has been used intermittently (Continuously or intermittently)	
from Aril to Sept. (Date)	
4. Quantity of water claimed and used is gallons per minute;	0.000
feet per year.	acre
5. Purpose or Purposes for which water is usedinrigation	
(Domestic, irrigation, municipal, manufacturing, industrial, etc.)	
6. Description of Well: Depth25feet. Typedrilled(Dug or drilled	
diameter	eet, mean sea level.
(As near as known)  Depth to water table feet,	
7. Capacity of Well:600 g.p.m. with8 feet drawdown.	
g.p.m. with feet drawdown.	
Date of test	
If Flowing Well: Measured discharge g.p.m. on	<b>)</b>
Shut-in pressure at ground surface lbs. per sq. in. on	(Date)
Water is controlled by(Cap, valve, etc.)	

<i>7.</i>	The second second	
inch diameter	to .	
inch diameter from	to .	***************************************
inch diameter from	to .	
inch diameter from		<ul> <li>************************************</li></ul>
cribe and show depth of shoe, plug, adapter, liner or other details:		
and show depair of shoe, plug, adapter, filler of other details.		and the second to be a
	•	
9. Perforated Casings or Screens:		
(Number per foot and size of perforations, or describe screen)	om	. to
fro		
frc	om	. to
frc		
10. Log of Well: (Describe each stratum or formation clearly, indicate		
and depth as indicated.)		
MATERIAL	Thickness (Feet)	Depth to Bot (Feet)
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Wot available		
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			ed or open		
Dia	nensions: Lei	ngth	ft. Minimum depth	ft. Maxim	um depth
Bo	ttom width	ft	. Discharge	g.p.m. Date of test	***************************************
12. Tu	nnel: Type of	lining	•		******************
Dir	nensions:		(Length, course, s	ind cross sections) size)	******************************
. Pos	ition of water	bearing st	tratum with reference to po	ortal of tunnel	
					***************************************
Log nd character	of tunnel: (1 of materials,	Preceding t as pertiner	table for log of well may b	e used, if desired. Giv	ve footage from
	nping Equipm		,		
(a)	Pump	fairbo	nk-Morse		
(b)	Motor2	o hois	e Electric	e and size)	7
(0)		·····	(Type and )	iorsepower)	***************************************
14. Loc	ation of area i	rrigated o	r to be irrigated, or place o	f use if for purposes ot	her than irrigat
Township North or South	Range E. or W. of Willamette Meridian	Section	Forty-scre Tract	Number Acres To Be Irrigated	Date of Reclamation
TIOS	R2W	19	NW/4 of the NW/4	25.0	1952
//	11	19	SW/4 of the NW/4	100	1/52
TIOS	R3W	24	NE ly of the NE ly	72	
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and the second second			supplemental to an existing		

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	Locat	e well and	acreage	e of irrig	gated la	nd on p	lat.				
			Scale: 2	" 1 M	ile						Ť
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STATE OF OREGON				ss.					11.5		
County of Lilate				<b>)</b> ,, ,		• .					
I, Harve	ell M	ilche		., being	first d	uly swo	rn, do l	nereby	certify	that I have	re
read the foregoing Regi	istration State	ement and	that al	ll of the	items	therein	contain	ed are	true to	the best	î
my knowledge and beli	er.		•	1		المستحد المستحد	in	-//	11		. 1
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My commission expires	NOTARY PUBL My-Commission-E	LIC FOR OREGI	DN 1111960	Si	Feel.	13	Su	L De			•••
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	,	CERTIFIC	ATE O	F REG	STRAT	TON			*		
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STATE OF OREGON	(										
County of Marion	ss.										
This is to certify	that the for	egoing Re	gistrati	on Stat	tement	was re	ceived	in the	office	of the Sta	te
										and the second	
Engineer on the	day of	lligust.		., 19.ఎడ	, at	0	o'clo	ck	7M. a	and has be	æ
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