

Registration Statement

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

I, Marion C. Hoefler and Carol Hoefler, Husband and Wife,
of Route 2, Box 333, Albany County of Linn 30
(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 Source from which water is withdrawn is Pump Well No. 1
(Flowing well, pump well, infiltration trench, or tunnel)

2. Location is: 10 miles North of Albany, Oregon
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) S 71° 30' E. 20.8 chains from NW corner of SW 1/4 S. 12
(Give distance and bearing to corner of section or other legal subdivision)
being within NW 1/4 of SW 1/4 of Sec. 12, Twp. 10 S., Rge. 4 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 Linn
(If within city or town, give name)

3. Construction Work was begun on August 15, 1951; was completed on August 16, 1951
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on August 20, 1951,
(Date)

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

from August 20, 1951 to Present Date
(Date) (Date)

4. Quantity of water claimed and used is 500 gallons per minute; 20700 acre feet per year.

5. Purpose or Purposes for which water is used Irrigation

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

6. Description of Well: Depth 20 feet. Type Drilled
(Dug or drilled)

diameter 12 inches. Elevation of ground at well site 165 feet, mean sea level.
(As near as known)

Depth to water table 7 feet.

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

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

Date of test Not Tested

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.)

If log of well is not available, give name and address of driller. Bill Hamilton
Drilling Co. 838 E. Third Ave., Albany, Oregon.

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 Pacific 3" Centrifugal Capacity 450 g.p.m.
(Make, type and size)

(b) Motor 20 H.P. Electric
(Type and horsepower)

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

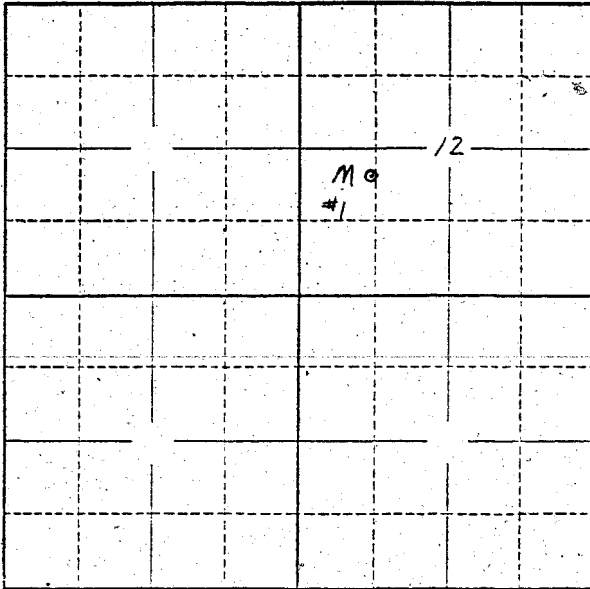
Township North or South	Range E. or W. of Willamette Meridian	Section	Forty-acre Tract	Number Acres To Be Irrigated	Date of Reclamation *
10 S	4 W	12	SE $\frac{1}{4}$ of NW $\frac{1}{4}$	12.2	5/1/50
10 S	4 W	12	SW $\frac{1}{4}$ of NW $\frac{1}{4}$	6.6	5/1/41
10 S	4 W	12	NW $\frac{1}{4}$ of SW $\frac{1}{4}$	21.0	"
10 S	4 W	12	SW $\frac{1}{4}$ of SW $\frac{1}{4}$	0.4	"
10 S	4 W	12	SE $\frac{1}{4}$ of SW $\frac{1}{4}$	0.6	5/1/48
10 S	4 W	12	NE $\frac{1}{4}$ of SW $\frac{1}{4}$	33.2	30 Ac. → 5/1/48 3.2 Ac. → 5/1/50
				74.0	

* Original source of water for irrigation as shown in dates above was 2 wells which have been abandoned & replaced by the well described in this registration.

Marion C. Foster

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 10S Range 4W, W.M.
North



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

STATE OF OREGON }
County of POLK } ss.

I, Marion C. Hoefler and Carol Hoefler, 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.

Marion C. Hoefler
Carol Hoefler
(Signature of Registrant)

Subscribed and sworn to before me this 1st day of August, 1958.

My commission expires NOTARY PUBLIC FOR OREGON My Commission Expires Jan. 3, 1959. [Signature]
(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, 1958, at 4:25 o'clock P. M. and has been duly recorded in said office in Book No. 15 of Registration Statements on page GR-3517.

Witness my hand this 15th day of September, 1959.

[Signature]
(State Engineer)

By _____
(Deputy)

21.60