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Registration Statement

STATE ENGINEER OF OREGON
CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER
SALEM, OREGON

TO THE STATE ENGINEER OF OREGON:

I, Stearl P. McReynolds
of Rt 3 Milton - Excelsior County of Wasatch
(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 Source from which water is withdrawn is Pump well
(Flowing well, pump well, infiltration trench, or tunnel)

2. Location is: 2 1/2 miles N Milton - Excelsior
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) 633' East & 495' N of S 4 Corner of Sec 26
(Give distance and bearing to corner of section, or other legal subdivision)
being within SW 1/4 of SW 1/4 of SE 1/4 of Sec. 26, Twp. 6 N, Rge. 35 E
(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 Prior 1920; was completed on Prior 1920
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on Prior 1920
(Date)

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

from 1920 to 1958
(Date) (Date)

4. Quantity of water claimed and used is 150 gallons per minute; 15 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 70 feet. Type Dug 40' Drill 30'
(Dug or drilled)

diameter Drill 6" inches. Elevation of ground at well site 875 feet, mean sea level.
(As near as known)

Depth to water table 40 feet.

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

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

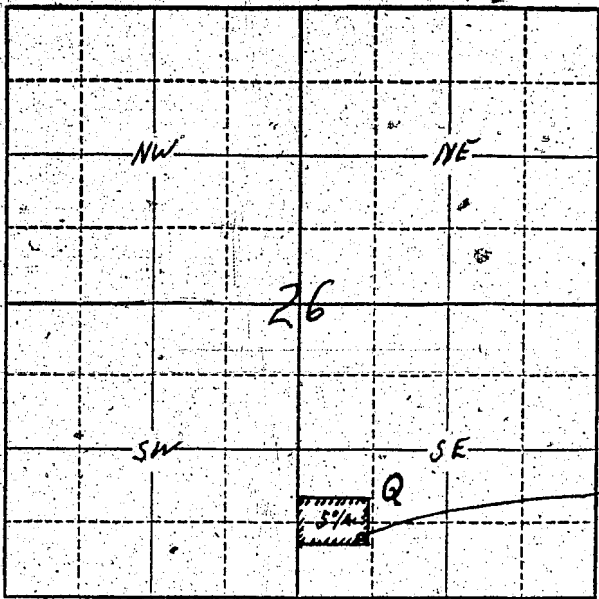
Date of test No Test

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 6N Range 35E, W.M.
North



Well location
495' N + 633' E
of S⁴ Corner of
Sec 26

Locate well and acreage of irrigated land on plat.
Scale: $\frac{1}{4}$ - 1 Mile

STATE OF OREGON

County of Marion } ss.

I, Stanley P. D. Stanley, 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.

Stanley P. D. Stanley
(Signature of Registrant)

Subscribed and sworn to before me this 11 day of August, 1958

My commission expires August 1, 1959
(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 4 day of August, 1958, at 8:00 o'clock A.M. and has been duly recorded in said office in Book No. 15 of Registration Statements on page GR-3669

Witness my hand this 20th day of October, 19 59

Lewis A. Stanley
(State Engineer)

By _____ (Deputy)

\$15.00

GR. 3669