

Registration Statement CERTIFICATE NO. GR-601

2

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

(Under Chapter 708, Oregon Laws 1955.)

TO THE STATE ENGINEER OF OREGON:

I, CLARENCE GAVETTEof Turner County of MarionState 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 Source from which water is withdrawn is Drilled #2 Pump Well
(Flowing well, pump well, infiltration trench, or tunnel)2. Location is: 4-3/4 Mi. S.W. of Stayton

(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) South 42797 feet by 150 feet west of the NE Cor. of Sec. 26, T.9S.
(Give distance and bearing to corner of section or other legal subdivision)being within SE1 of SE1 of Sec. 26 Twp. 9 S. Rge. 2 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)

(If within city or town, give name)

County of _____

3. Construction Work was begun on 1952 March, was completed on 1952
(Date) (Date)and the ground water claimed was first used for the purposes set out below on May 15, 1952
(Date)since which time the water has been used Continuously

(Continuously or Intermittently)

from May 15 to October 1
(Date) (Date)4. Quantity of water claimed and used is 400 gallons per minute; 80-90 acre feet per year.5. Purpose or Purposes for which water is used _____
(Domestic, irrigation, municipal, manufacturing, industrial, etc.)6. Description of Well: Depth 20 feet. Type Drilled

(Dug or drilled)

diameter 8 inches. Elevation of ground at well site 325 feet, mean sea level.

(As near as known)

Depth to water table 6 feet.7. Capacity of Well: 400 g.p.m. with None feet drawdown.

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

Date of test Anytime

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.)

size.)

87

Descr

9. Perforated Casings or Screens:

6" of 6" x 5/8"

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

•••••

ness and depth as indicated.)

[illegible]

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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 *Intake Centrifugal* Capacity *400* g.p.m.
(Make, type and size)

(b) Motor *1/2 HP. Electric*
(Type and horsepower)

Cost 6000.00

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

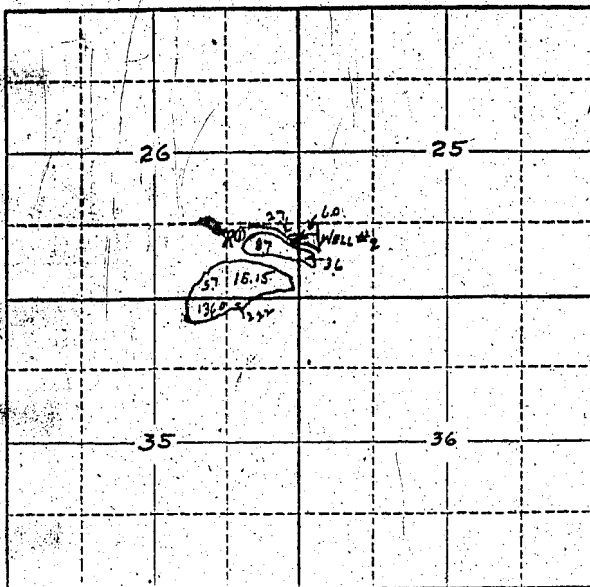
Township North or South	Range E. or W. of Willamette Meridian	Section	Forty-acre Tract	Number Acres To Be Irrigated	Date of Reclamation
9S	2 W.	26	SE $\frac{1}{4}$ of SE $\frac{1}{4}$	26.55	1952
"	"	26	SW $\frac{1}{4}$ of SE $\frac{1}{4}$	5.70	"
"	"	25	SW $\frac{1}{4}$ of SW $\frac{1}{4}$	9.6	"
"	"	35	NE $\frac{1}{4}$ of NE $\frac{1}{4}$	2.22	"
"	"	35	NW $\frac{1}{4}$ of NE $\frac{1}{4}$	13.60	"
				57.67 57.67	

Note: This well interchanges with part of Area of Well # 1.
and supplements area as below listed:

9 S.	2 W.	26	NW $\frac{1}{4}$ of SE $\frac{1}{4}$	2.73	1952
"	"	"	NE $\frac{1}{4}$ of SE $\frac{1}{4}$	18.13	"
"	"	"	SW $\frac{1}{4}$ of SE $\frac{1}{4}$	0.12	"
"	"	"	SE $\frac{1}{4}$ of SE $\frac{1}{4}$	1.10	"
				22.08	

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.

North



Scale: 2" = 1 Mile

County of _____

SS

CC Garrett
(Signature of Registrant)

My commission expires My Commission Expires March 15, 1936

Hal T. Carter
(Notary Public)

(SEAL)

CERTIFICATE OF REGISTRATION

County of Marion

SS.

~~Construction shall be completed by x-x-x-x-x-x X-X-10-X-X and the water completely applied to beneficial use by x-x-x-x-x-x-x-x-10-x-x-x~~ ✓✓

Witness my hand this 16th day of October, 1957

_____, 19 57.
 Lewis A. Stanley
 (State Engineer)

(State Engineer)

By

(Deputy)

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