

# Registration Statement

## OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

**TO THE STATE ENGINEER OF OREGON:**

I, State of Oregon, Oregon State Hospital

of Station A Salem County of Marion  
(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 Source from which water is withdrawn is Pump well No. 5  
(Flowing well, pump well, infiltration trench, or tunnel)

2. Location is: within Salem city limits  
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) 877 ft. South & 2880 ft. West of NE Corner Section 25 Twp. 7S Rge. 3W  
(Give distance and bearing to section or other legal subdivision)

being within NE<sup>1</sup> of NE<sup>1</sup> of Sec. 25, Twp. 7S, Rge. 3W  
(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)

Salem County of Marion  
(If within city or town, give name)

3. Construction Work was begun on July 1935; was completed on August 1935  
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on April 1936  
(Date)

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

from April 1936 to \_\_\_\_\_  
(Date) (Date)

4. Quantity of water claimed and used is 300 gallons per minute; 482 acre feet per year.

5. Purpose or Purposes for which water is used Domestic

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

6. Description of Well: Depth 361 feet. Type Drilled  
(Dug or drilled)

diameter 12 inches. Elevation of ground at well site 207.35 feet, mean sea level.  
(AS near as known)

Depth to water table 40 feet.

7. Capacity of Well: 323 g.p.m. with 104 feet drawdown.

\_\_\_\_\_ g.p.m. with \_\_\_\_\_ feet drawdown.

Date of test 2-26-57

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.)

8. Casing: (Give diameter, commercial specifications and depth below ground surface of each casing size.)

12 inch diameter ..... from 0 to 194 feet  
 10 inch diameter ..... from 194 to 278 feet  
 inch diameter ..... from to feet  
 inch diameter ..... from to feet

Describe and show depth of shoe, plug, adapter, liner or other details: .....

170-ft.

9. Perforated Casings or Screens:

Information not available ..... from to .....  
(Number per foot and size of perforations, or describe screen)  
 ..... from to .....  
 ..... from to .....  
 ..... from to .....

10. Log of Well: (Describe each stratum or formation clearly, indicate if water bearing, and give thickness and depth as indicated.)

MATERIAL	Thickness (Feet)	Depth to Bottom (Feet)
Clay and sand	35	0-35
Cement gravel	16	35-51
Loose gravel	19	51-70
Dry clay	2	70-72
Gravel and sand	18	72-90
Hard sand	5	90-95
Water gravel	5	95-100
Sand and gravel with water	25	100-125
Layers of cement gravel and loose gravel with water	24	125-149
Hard cement gravel	6	149-155
Gravel with water	11	155-166
Cement gravel possibly some water		
Clay and gravel		
Cement gravel		
Broken rock and clay		
Solid rock		
Clay with some decomposed rock and grit		
Fairly solid rock with crevices		

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 Berkley Turbine 6" ..... Capacity 300 ..... g.p.m.  
(Make, type and size)

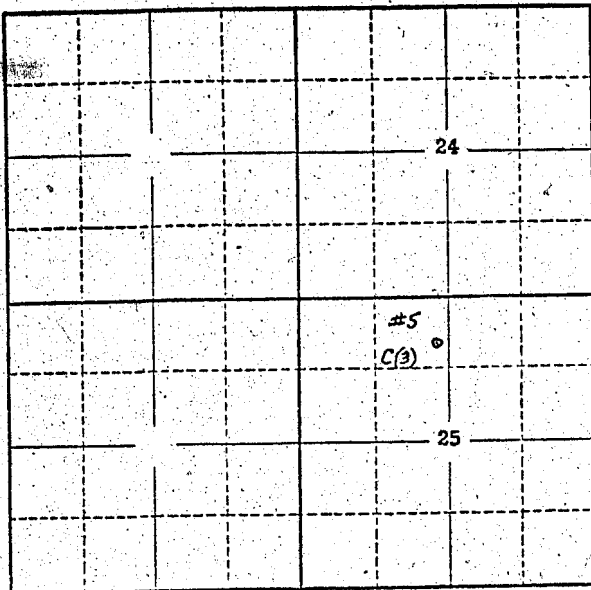
(b) Motor US Type CUF 30 hp. .....  
(Type and horsepower)

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
7S	3W	24	SE $\frac{1}{4}$ of SW $\frac{1}{4}$		1935
7S	3W	24	SW $\frac{1}{4}$ of SW $\frac{1}{4}$		"
7S	3W	25	SW $\frac{1}{4}$ of NE $\frac{1}{4}$		"
7S	3W	25	NE $\frac{1}{4}$ of NW $\frac{1}{4}$		"
7S	3W	25	NW $\frac{1}{4}$ of NW $\frac{1}{4}$		"
7S	3W	25	SW $\frac{1}{4}$ of NW $\frac{1}{4}$		"
7S	3W	25	SE $\frac{1}{4}$ of NW $\frac{1}{4}$		"
7S	3W	25	NW $\frac{1}{4}$ of NE $\frac{1}{4}$		"

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 7S Range 3E, W.M.  
North



Locate well and acreage of irrigated land on plat.

Scale: 2" = 1 Mile

STATE OF OREGON

County of Marion

ss.

I, D. K. Brooks, M. D., 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.

*D. K. Brooks*  
(Signature of Registrant)

Subscribed and sworn to before me this 18 day of October, 1957, 19

My commission expires ~~Sept. 23, 1960~~

*Pauline C. Keeling*  
(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 16th day of December, 1957, at 8:00 o'clock A. M. and has been duly recorded in said office in Book No. 4 of Registration Statements on page GR-673 C.

Witness my hand this 21th day of January

19 58  
*Lewis A. Stanley*  
(State Engineer)

By \_\_\_\_\_ (Deputy)

# 20.00

GR 673 C