Registration Statement

REGISTRATION NO. GR 677

CERTIFICATE NO. GR-675

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

(Under Chapter 708, Oregon Laws 1955.)

TO THE STATE ENGINEER OF OREGON:

I, State of Oregon, Oregon State Hospital,

of Salem County of Marion,

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 **Source** from which water is withdrawn is Well #11 (Flowing well, pump well, infiltration trench, or tunnel)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) 867 ft. South & 2600 West of NE Corner Section 25 Twp. 7S Rge. 3W (Give distance and bearing to corner of section or other legal subdivision)

being within NE¼ of NW¼ (Smallest legal subdivision) of Sec. 25, Twp. 7S (N. or S.), Rge. 3W (E. or W.)

or (b) within limits of recorded platted property, town or city:

in Lot ....., Block ..... of ..... (Name of plat or addition)

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

3. **Construction Work** was begun on Fall 1928 (Date); was completed on Fall 1928 (Date) and the ground water claimed was first used for the purposes set out below on March 1929 (Date), since which time the water has been used Intermittently (Continuously or intermittently) from March 1929 (Date) to Present (Date)

4. **Quantity** of water claimed and used is 150 gallons per minute; 244 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 113.5 feet. Type Drilled (Dug or drilled)

diameter 12 inches. Elevation of ground at well site 200.11 (As near as known) feet, mean sea level.

Depth to water table 33.5 feet.

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

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

Date of test Information not available

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 111 feet

____ inch diameter from ____ to ____ feet

____ inch diameter from ____ to ____ feet

____ inch diameter from ____ to ____ feet

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

85 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	16	95-111
Dry clay	1.5	111-112.5

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If log of well is not available, give name and address of driller. .....

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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 Bryon Jackson Turbine 4" (Make, type and size) Capacity 150 g.p.m.

(b) Motor GE Type FT510Y 20 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	SE¼ of SW¼		1928
7S	3W	24	SW¼ of SW¼		"
7S	3W	25	SW¼ of NE¼		"
7S	3W	25	NE¼ of NW¼		"
7S	3W	25	NW¼ of NW¼		"
7S	3W	25	SW¼ of NW¼		"
7S	3W	25	SE¼ of NW¼		"
7S	3W	25	NW¼ of NE¼		"

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.

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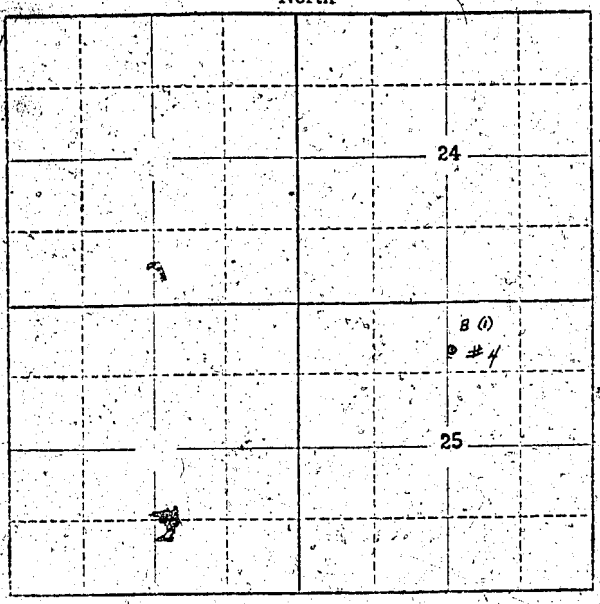
Township 7S Range 3W, W.M.

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 Commission Expires Sept. 23, 1960

Laurence E. 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, 19 57, 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-675 C

~~Construction shall be completed by x-x-x-x-x-x-x-x-x-x-19-x-x and the water completely applied to beneficial use by x-x-x-x-x-x-x-x-x-x, 19-x-x-x~~

Witness my hand this 21th day of January, 19 58.

Lewis A. Stanley
(State Engineer)

By (Deputy)

$20.00

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