Registration No. GR- 682

Certificate No. GR 680

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 (Mailing address) 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 **Source** from which water is withdrawn is Pump well #6 (Flowing well, pump well, infiltration trench, or tunnel)

2. **Location** is: 4 miles SW of Salem city limits (Approximate distance and direction from nearest city or town);

and is more particularly described as follows:

(a) 352 ft. South & 376 ft. West of NE Corner of Sec.35 Twp.7S Rge.4W (Give distance and bearing to corner of section or other legal subdivision)

being within NE¼ of NE¼ (Smallest legal subdivision) of Sec. 35, Twp. 7S (N. or S.), Rge. 4W (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 1920 APPX. (Date); was completed on 1920 (Date)

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

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

from 1920 (Date) to 1957 (Date).

4. **Quantity** of water claimed and used is 150 gallons per minute; 89 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 50 feet. Type Drilled (Dug or drilled)

diameter 12 inches. Elevation of ground at well site 147.6 (As near as known) feet, mean sea level.

Depth to water table 12 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 50 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: ____

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)
Information not available		

GR-680 A

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

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 Hale centrifugal (Make, type and size) Capacity ..... g.p.m.

(b) Motor Wisconsin 33HP Gas Engine (Type and horsepower)

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

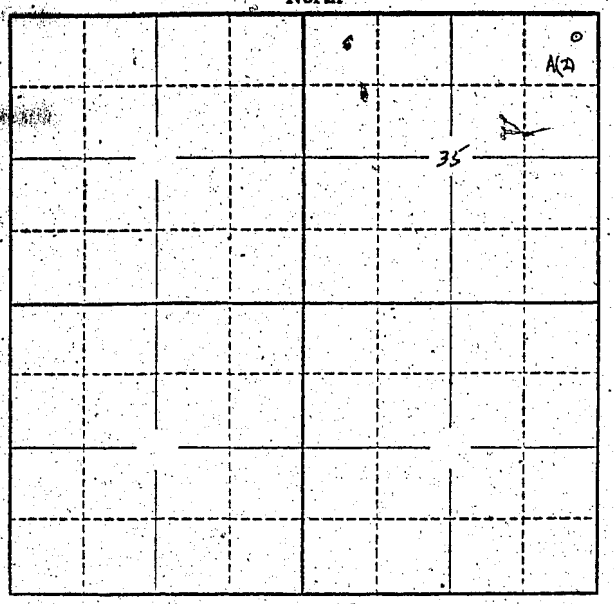
Township North or South	Range E. or W. of Willamette Meridian	Section	Forty-acre Tract	Number Acres To Be Irrigated	Date of Reclamation
7S	4W	26	SE¼ of SE¼	13.4	1941
7S	4W	26	SW¼ of SE¼	1.4	"
7S	4W	25	SW¼ of SW¼	4.6	"
7S	4W	36	NW¼ of NW¼	1.6	"
7S	4W	35	NE¼ of NE¼	36.5	"
7S	4W	35	NW¼ of NE¼	24.3	"
7S	4W	35	SE¼ of NE¼	21.4	"
7S	4W	35	SW¼ of NE¼	22.9	"
				126.1	

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.

15237 - 19654

Township 7S Range 4W, W.M.

North



Locate well and acreage of irrigated land on plat.

Scale: 2" — 1 Mile

STATE OF OREGON
County of Marion } ss.

I, S. K. Brooks, 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.

S. K. Brooks
(Signature of Registrant)

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

My commission expires MY COMMISSION EXPIRES JULY 23, 1960

James Trenfield
(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. 1 of Registration Statements on page GR-680 C.

Witness my hand this 24th day of January, 1958.

Lewis A. Stanley
(State Engineer)

By
(Deputy)

$26.55

GR - 680 C