

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 Source from which water is withdrawn is Pump well #8
(Flowing well, pump well, infiltration trench, or tunnel)

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

and is more particularly described as follows:

(a) 1528 ft. South & 296 ft. West of NE Corner Sec. 35 Twp. 7S Rge. 4W
(Give distance and bearing to corner of section or other legal subdivision)

being within SE 1/4 of NE 1/4 of Sec. 35, Twp. 7S, Rge. 4W
(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 April 1920; was completed on 1920
(Date) (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 to 1957
(Date) (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 55 feet. Type Drilled
(Dug or drilled)

diameter 12 inches. Elevation of ground at well site 151.55 feet, mean sea level.
(As near as known)

Depth to water table 15 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)

12 inch diameter from 0 to 55 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.)

[illegible]

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

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

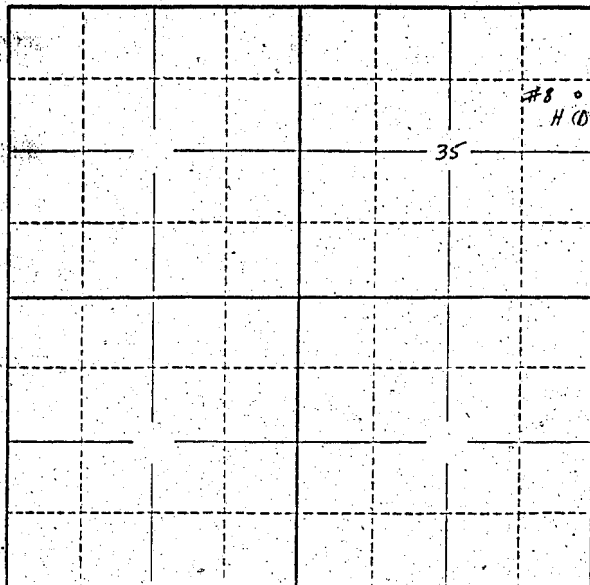
14. Location of area irrigated or to be irrigated, or place of use if for purposes other than irrigation.

[illegible]

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 75 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, 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.

[Signature]
(Signature of Registrant)

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

My commission expires Sept. 23, 1960

[Signature]
(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-512 C

Witness my hand this 24th day of January, 1958

[Signature]
(State Engineer)

By

(Deputy)

GR - 682 C