Registration No. GR- ~~EPG~~ 690

Certificate No. GR 688

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 **Source** from which water is withdrawn is Pump well #4 (Flowing well, pump well, infiltration trench, or tunnel)

2. **Location** is: 3 miles SE Salem city limits (Approximate distance and direction from nearest city or town);

and is more particularly described as follows:

(a) 2826 ft. South & 2639 ft. West of NE Corner Sec.5 Twp.8S Rge.2W (Give distance and bearing to corner of section or other legal subdivision)

being within NW¼ of SW¼ (Smallest legal subdivision) of Sec. 5, Twp. 8S (N. or S.), Rge. 2W (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 November 1953 (Date); was completed on December 1953 (Date)

and the ground water claimed was first used for the purposes set out below on March 1954 (Date),

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

from March 1954 (Date) to ..... (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 200 feet. Type Drilled (Dug or drilled)

diameter 10 inches. Elevation of ground at well site 228.15 (As near as known) feet, mean sea level.

Depth to water table 16 feet.

7. **Capacity of Well:** 340 g.p.m. with 80 feet drawdown.

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

Date of test December 12, 1953

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.)

10 inch diameter Welded from 0 to 146 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:

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9. **Perforated Casings or Screens:**

784 - 5/16 x 2 1/4 from 45 to 145
(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	24	0-24
Gravel with clay	13	24-37
Coarse gravel (clean) with water	15	37-52
Gravel with clay	74	52-126
Vesicular basalt	21	126-147
Cement gravel	22	147-169
Red shale or clay	4	169-173
Coarse gravel with blue clay	12	173-185
Basalt or Andesite very hard	15	185-200

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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 Fairbanks Morse Turbine 6 in. Capacity 300 g.p.m.
(Make, type and size)

(b) Motor Fairbanks Morse Type QVO 40 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
8S	2W	8	SE¼ of NW¼		1954
8S	2W	8	SW¼ of NE¼		1954
8S	2W	8	NE¼ of SW¼		1954
8S	2W	8	NW¼ of SE¼		1954

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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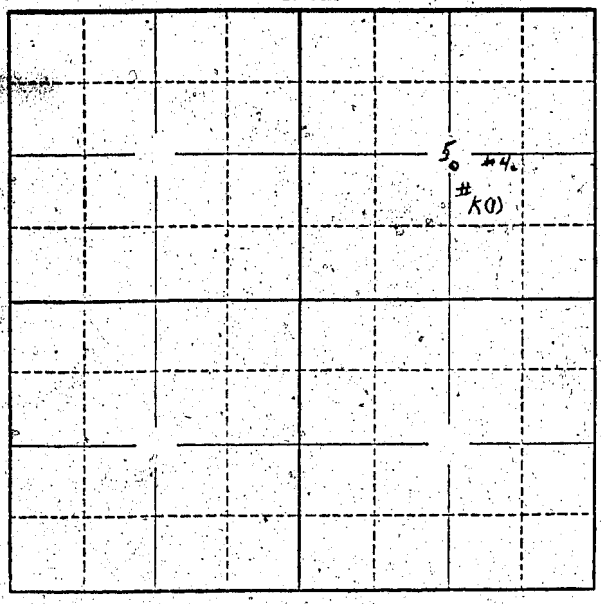
Township 8S Range 2W, W.M.

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 My Commission Expires Sept.23, 1960 Evaline G. Bailey
(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-688

Witness my hand this 24th day of January, 1958

Lewis A. Stanley
(State Engineer)

By
(Deputy)

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