

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 Source from which water is withdrawn is Pump well #2

(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) 5119 ft. South & 5252 ft. West of NE Corner of Sec. 5 Twp. 8S Rge. 2W

(Give distance and bearing to corner of section or other legal subdivision)

being within SW 1/4 of SW 1/4 of Sec. 5, Twp. 8S, Rge. 2W

(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 _____ 1937; was completed on _____ 1937

(Date)

(Date)

and the ground water claimed was first used for the purposes set out below on _____ 1937

(Date)

since which time the water has been used intermittently

(Continuously or intermittently)

from _____ 1937 to _____

(Date)

(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 160 feet. Type Drilled

(Dug or drilled)

diameter 10 inches. Elevation of ground at well site 233.00 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 size.)

10 1/2 inch diameter from 0 to 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:		

If log of well is not available, give name and address of driller. R. J. Strasser Drilling Co.

8110 S.E. Sunast Lane Portland, 6, Oregon

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.)

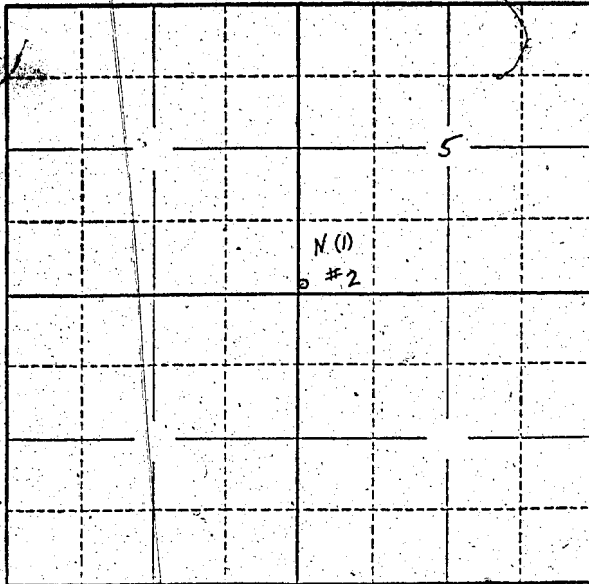
13. Pumping Equipment:
 (a) Pump Pomona Turbine 6 in. Capacity 150 g.p.m.
(Make, type and size)
 (b) Motor Westinghouse Style 1018097 15 hp.
(Type and horsepower)

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	SE $\frac{1}{4}$ of NW $\frac{1}{4}$		1937
8S	2W	8	SW $\frac{1}{4}$ of NE $\frac{1}{4}$		1937
8S	2W	8	NE $\frac{1}{4}$ of SW $\frac{1}{4}$		1937
8S	2W	8	NW $\frac{1}{4}$ of SE $\frac{1}{4}$		1937

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 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 18th day of October, 1957, 19

My commission expires Sept. 23, 1960

Carline E. Seeling
(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-690 C.

Witness my hand this 24th day of January, 1958

Laura A. Stanley
(State Engineer)

By _____
(Deputy)

GR - 690 C