

Registration Statement**OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER****TO THE STATE ENGINEER OF OREGON:**I, State of Oregon, Oregon State Hospitalof Station A Salem

(Mailing address)

County of MarionState 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 Source from which water is withdrawn is Pump Well #1

(Flowing well, pump well, infiltration trench, or tunnel)

2. Location is: 3 miles SE of Salem City Limits

(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) 3759 ft. South & 1093 ft. West of NE Corner Sec. 7 Twp. 8S Rge. 2W

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

being within NE 1/4 of SE 1/4

(Smallest legal subdivision)

of Sec. 7Twp. 8S

(N. or S.)

Rge. 2W

(E. or W.)

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

in Lot 29 Block 1

of

(Name of plat or addition)

(If within city or town, give name)

County of _____

3. Construction Work was begun on 1937

(Date)

; was completed on 1937

(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; 35 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 110 feet. Type Drilled

(Dug or drilled)

diameter 10 inches. Elevation of ground at well site 230.15 feet, mean sea level.

(As near as known)

Depth to water table 11 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	inch diameter	from	0	to	110	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:

Information not available until we pull pump

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. R. J. Straesser Drilling Co.

8110 S.E. Sunset 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 Dwelling Turbine 4 in. Capacity 150 g.p.m.
(Make, type and size)

(b) Motor U S Type CFU 15 hp. (Type and horsepower)

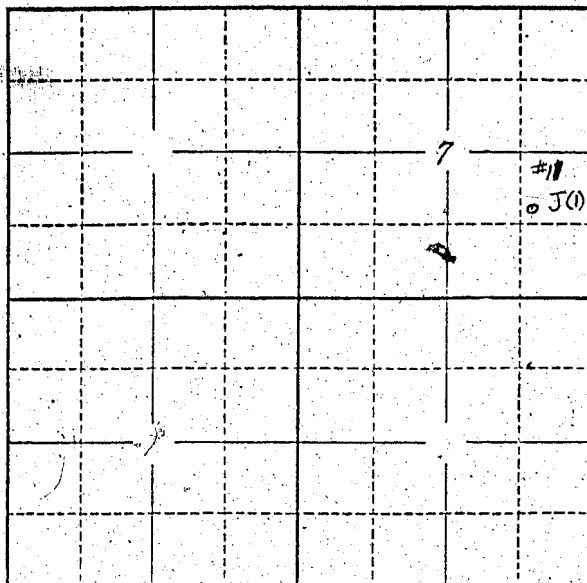
14. Location of area irrigated or to be irrigated, or place of use if for purposes other than irrigation.

[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.

Water right purchased from Willamette Valley Water Co.

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

My commission expires Sept 23, 1960

Pauline E. Gelling
(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-691 C

Witness my hand this 24th day of January, 1958

Lewis A. Stanley
(State Engineer)

By

(Deputy)

GR - 691 C