

Registration Statement

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

I, Frank J. Esch

of Mount Angel

(Mailing address)

County of Clatsop

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 Source from which water is withdrawn is Pump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

2. Location is: One mile from Mount Angel, Oregon
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows:

(a) 400' west and 95' south from NE corner Section 4
(Give distance and bearing to corner of section or other legal subdivision)

being within NE 1/4 of NE 1/4 of Sec. 4, Twp. 30, Rge. 1
(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 August 1937; was completed on August 1937
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on August 1937
(Date)

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

from August 1937 to October 1937
(Date) (Date)

4. Quantity of water claimed and used is 100 gallons per minute; _____ 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 100 feet. Type Drilled
(Dug or drilled)

diameter five inches. Elevation of ground at well site 195 feet, mean sea level.
(As near as known)

Depth to water table 20 feet.

7. Capacity of Well: _____ g.p.m. with _____ feet drawdown.

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

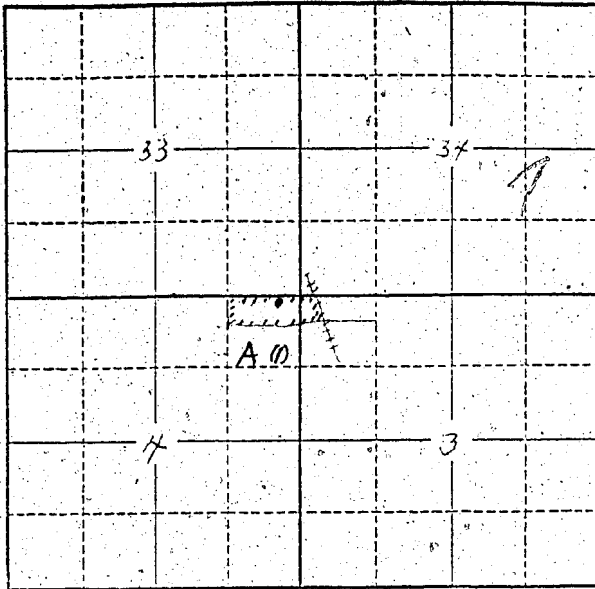
Date of test _____

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.)

Township 45 Range 1 W, W.M.
North



Locate well and acreage of irrigated land on plat.
Scale: 2" = 1 Mile

STATE OF OREGON

County of Marion } ss.

I, _____, 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.

Frank H. Esen
(Signature of Registrant)

Subscribed and sworn to before me this 24th day of January, 1958.

My commission expires 12th June 1961.
Wm. S. Bartholomew
(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 24 day of January, 1958, at 10:00 o'clock A. M. and has been duly recorded in said office in Book No. 5 of Registration Statements on page 903.

Witness my hand this 7 day of May, 1958.

Wm. S. Bartholomew
(State Engineer)

By _____ (Deputy)