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WATER RESOURCES DEPT.
SALEM, OREGON

STATE OF OREGON
WATER RESOURCES DEPARTMENT

SURFACE WATER REGISTRATION STATEMENT
PRE-1909 VESTED WATER RIGHT CLAIM

1. Name of Registrant: MARGARET H. SMART
Mailing Address: 4880 BRUSH COLLEGE ROAD N.W.
SALEM, OR 97304 Telephone No. (503) 362-7193

2. Source of water: Unnamed Spring
Tributary to: Spring Valley Creek Trib. to Willamette River
(to include 2 homes, a barn and picker's camp)

3. Purpose(s) for which water is used: Domestic, Stockwater, Irrigation
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 2

4. Priority Date
a) Date of first use: 1890
b) Date water use development first initiated: Prior to 1890
c) Name of party who initiated development: W.J. Crawford

5. Amount of water claimed: 30, in ~~CFS~~ or GPM
(Water put to beneficial use)

6. Location of place of use:
25 Sections, Township 6.5 ~~N~~/S, Range 4 ~~E~~/W.
36 Sections, Township 6 ~~N~~/S, Range 4 ~~E~~/W.
(Attach additional pages if necessary)

7. Usual period of use: Apr. 1 | 15 ^{moths of} | Sept. 1 | 30 ^{moths of} | for Irrigation
month day month day
All year round for domestic, stock & picker's camp

8. Remarks: See Index Additional documentation
will be added later

9. Total fees submitted with claim: _____

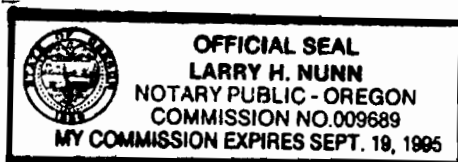
Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of MARION) : ss

I, Margaret H. Smart, having been duly sworn,
depose and say that I, and being the claimant of the existing surface
water right described herein, have read the contents of this claim and
to the best of my knowledge all of the matters stated herein
are true and correct.

Margaret H. Smart
Signature of Claimant

Signed and attested before me this 1 day of Dec, 19 92



Larry H. Nunn
NOTARY PUBLIC for the State of Oregon

My commission expires: 9/19/95

**THIS FORM MUST BE ACCOMPANIED BY A MAP PREPARED BY A
CERTIFIED WATER RIGHT EXAMINER (CWRE).**

Certified Water Right Examiner

Name: Chris S. Wheeler CWRE#: 306

Address: _____

Telephone: _____