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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: POWERS RANCH CO.
Mailing Address: 5800 40th Avenue West
Seattle, Washington 98199 Telephone No: 206/283-9996
2. Source of water: See supplemental sheet
Tributary to: See supplemental sheet
3. Purpose(s) for which water is used: Stockwater
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: _____
4. Priority Date
a) Date of first use: 1870
b) Date water use development first initiated: 1870
c) Name of party who initiated development: ROBERT Y PHILLIPS (DLC)
PRESTON CALDWELL (DLC)
5. Amount of water claimed: 0.005, in CFS, being 0.005 cfs from each of
(Water put to beneficial use) the streams listed on the supplemental sheet.
6. Location of place of use: See supplemental sheet
____ Sections, Township ____ N/S, Range ____ E/W.
____ Sections, Township ____ N/S, Range ____ E/W.
(Attach additional pages if necessary)
7. Usual period of use: Jan / 1 to Dec / 31
month day month day

8. Remarks: MUCH OF PROPERTIES WERE ESTABLISHED
DONATION LAND CLAIMS FROM PIONEER TIMES.

9. Total fees submitted with claim: \$ 200⁰⁰

Notarized Statement Signed by Claimant.

STATE OF ~~OREGON~~ WA)
County of King) : SS

I, A.H. Power, 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.

A.H. Power
Signature of Claimant PRESIDENT

Signed and attested before me this 4th day of Dec, 19 92
Carol H. Bennett
NOTARY PUBLIC for the State of Oregon WA
My commission expires: 10-20-95

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

Certified Water Right Examiner

Name: JAMES F. GOSSON CWRE#: 54

Address: 580 S. State St., Sutherlin, OR 97479

Telephone: 503/459-2243