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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: CITY OF SPRINGFIELD, OREGON
Mailing Address: ATTN: -Development Services, 255 Fifth Street
Mailing Address: ATTN: Development Services, 255 Fifth Street Springfield, OR 97477 Telephone No: (503) 726-3753
2. Source of water: Middle Fork of the Willamette River
Tributary to:Willamette River
Millrace and millpond for
3. Purpose(s) for which water is used: industrial and municipal use.
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated:
4. Priority Date
a) Date of first use: 1853
b) Date water use development first initiated: 1852
c) Name of party who initiated development: Elias and Issac Briggs
5. Amount of water claimed: 150, in CFS CENCERVA
(Water put to beneficial use)
6. Location of place of use:
35 & 36 Sections, Township 17 XXXS, Range 3 XXW.
5, 6 & 8 Sections, Township 18 South, Range 2 West
1 & 2 Sections, Township 18 XXXS, Range 3 XXVW.
(Attach additional pages if necessary)
( Tradit additional pages i, necessary,
7. Usual period of use: $\frac{1}{2}$ / $\frac{1}{2}$ to $\frac{12}{2}$ / $\frac{31}{2}$
7. Usual period of use: 1 / 1 to 12 / 31 month day month day
,,,

8. Remarks: See	attached Exhibit A.
9. Total fees submitt	ted with claim: \$7,650.00
Notarized Statemer	nt Signed by Claimant.
STATE OF OREGO	) : ss
County of <u>La</u>	ne)
water right describe to the best of my kr are true and correct * City Manager of  Signed and attested	By: Signature of Claimant
- <b>-</b> - <b>-</b>	T BE ACCOMPANIED BY A MAP PREPARED BY A ER RIGHT EXAMINER (CWRE).
	Certified Water Right Examiner
	Name: Tyler B. Parsons CWRE#: 217  1915 S. E. Stone Street Address: Corvallis, OR 97333
	Telephone: (503) 752-7515