

A.H.
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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: Cascade West Trees, Inc.
Mailing Address: 19815 Bridge Creek Rd.
Silverton, OR 97381 Telephone No: 503-873-6994

2. Source of water: Powers Creek
Tributary to: Abiqua Creek

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

4. Priority Date
a) Date of first use: 1906
b) Date water use development first initiated: 1906
c) Name of party who initiated development: Lars A. Johnson

5. Amount of water claimed: 0.05, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
27 Sections, Township 7S N/S, Range 1E E/W.
____ Sections, Township ____ N/S, Range ____ E/W.
(Attach additional pages if necessary)

7. Usual period of use: January/1 to December/31
month day month day

8. Remarks: See Attached

9. Total fees submitted with claim: \$200.00

Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : ss
County of Marion)

I, Glen E Kent, 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.

Glen E Kent
Signature of Claimant

Signed and attested before me this 16th day of December, 19 92

Marian M. Crawford
NOTARY PUBLIC for the State of Oregon
My commission expires: ~~11-4-93~~

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

Certified Water Right Examiner

Name: Larry W. Jebousek CWRE#: 229

Address: 4682 Cascade Hwy. SE
Sublimity, OR 97385

Telephone: 503-769-6628