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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: George K. Koos and Cory H. Koos
Mailing Address: 33953 Langmack Rd
Lebanon, OR 97355 Telephone No: (503) 258-6505
(503) 928-2387

2. Source of water: Burkhart Creek
Tributary to: Willamette River

3. Purpose(s) for which water is used: IRRIGATION
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: Seventy-Three (73)

4. Priority Date
a) Date of first use: 1850 (Eighteen Hundred and Fifty)
b) Date water use development first initiated: See above priority date
c) Name of party who initiated development: Unsure at this time

5. Amount of water claimed: 200 Gallons per minute, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
32 Sections, Township 11 N/S Range 2 E/W.
Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)

7. Usual period of use: 01 / 01 to 12 / 31
month day month day

INCREASED TO
409 GALLONS/MIN
By LETTER
FEB 17, 1993

8. Remarks: I have enclosed/attached a letter explaining my representation as claimant's attorney & authority to sign on their behalf, as well as a name of a CWRE I have employed on this matter and a start/finish date for this registration stmt. map.

9. Total fees submitted with claim: 73 acres x \$2.00 per acre = \$146.00

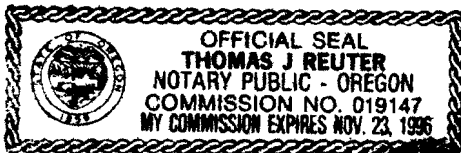
Notarized Statement Signed by Claimant.

STATE OF OREGON)
: ss
County of Linn)

I, Kathryn G. McNannay, 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.

Kathryn G. McNannay, attorney for claimants
Signature of Claimant OSR # 92394

Signed and attested before me this 22 day of December, 1992



T. J. Reuter
NOTARY PUBLIC for the State of Oregon
My commission expires: 11/23/96

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____