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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: Knapp Ranches, Inc.
Mailing Address: P. O. Box 85
Langlois, Oregon 97450 Telephone No: (503)348-9961

2. Source of water: See Supplemental Sheet
Tributary to: _____

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

4. Priority Date
a) Date of first use: 1851
b) Date water use development first initiated: Unknown
c) Name of party who initiated development: _____

5. Amount of water claimed: _____, in CFS or GPM
(Water put to beneficial use)
See Supplemental Sheet

6. Location of place of use:
33 Sections, Township 30 N/S, Range 15 E/W.
34 Sections, Township 30 N/S, Range 15 E/W.
(Attach additional pages if necessary)

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

8. Remarks: _____
Additional data to be submitted in 1993.

9. Total fees submitted with claim: \$200.00

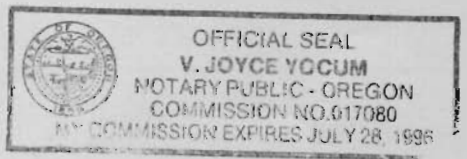
Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Clatsop) : ss

I, Michael L. Knapp, 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.

Michael L. Knapp
Signature of Claimant

Signed and attested before me this 23 day of Dec., 19 92



V. Joyce Yocum
NOTARY PUBLIC for the State of Oregon
My commission expires: 7-28-96

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 South State St. Sutherlin, Or. 97479

Telephone: (503)459-2243