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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: Bensell/Lewis Breon  
Mailing Address: Box 23 Siletz, Or 97380  
Telephone No: 507-3656
2. Source of water: Siletz River & an unnamed  
Tributary to: Spring on My Property, 2 wells.
3. Purpose(s) for which water is used: Domestic, Livestock, Crops  
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)  
If irrigation, total number of acres irrigated: ~~56.75~~ 56.75 acres
4. Priority Date July 28, 1894 7/28/1894
  - a) Date of first use: \_\_\_\_\_
  - b) Date water use development first initiated: \_\_\_\_\_
  - c) Name of party who initiated development: U.S. GOVT. For Sissy Bensell
5. Amount of water claimed: To be determined in CFS or GPM Amount to be determined  
(Water put to beneficial use)
6. Location of place of use:  
Sec 4 Sections, Township 10 S N/S, Range 10 W E/W.  
Lots 33, 35, 36 & 38  
Sections, Township \_\_\_\_\_ N/S, Range \_\_\_\_\_ E/W.  
(Attach additional pages if necessary)
7. Usual period of use: 1 / 1 to 12 / 31  
month day month day

8. Remarks: This Property was The Mikonotunnee Village My Ancestors were moved on in 1855 I have the allotment Paper signed by President Grover Cleveland in 1894 This Property has been in my family every since and the land is again in Trust with the feds
9. Total fees submitted with claim: I will pay fees if it is determined they are due

Notarized Statement Signed by Claimant.

STATE OF OREGON )  
: ss  
County of Deschutes )

I, Bensell Lewis Breon, 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.

Dec 19, 1992

Bensell Lewis Breon  
Signature of Claimant  
Bensell Lewis Breon

Signed and attested before me this 24th day of December, 1992



Rosalie Todd  
NOTARY PUBLIC for the State of Oregon  
My commission expires: September 29, 1995

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

Certified Water Right Examiner

Name: \_\_\_\_\_ CWRE#: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_