

MAR 1 1993

DEC 29 1992

STATE OF OREGON
DEPARTMENT OF WATER RESOURCES

WATER RESOURCES DEPARTMENT
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: 92373 Knapp Road
Port Orford, Oregon 97465 Telephone No: (503)332-3755

2. Source of water: Unnamed Stream, Tributary to Elk River and Elk River
Tributary to: the Pacific Ocean

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: 1880
 - b) Date water use development first initiated: Unknown (mid 1850's)
 - c) Name of party who initiated development: Henry Defermary

5. Amount of water claimed: 0.005 CFS, in CFS or GPM (see remarks)
(Water put to beneficial use)

6. Location of place of use:
19 Sections, Township 32 N/S, Range 15 E/W.
20 Sections, Township 32 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: 1. Amount of Water: 0.005 from the unnamed stream and 0.005 from Elk River (both in CFS).

2. Additional data and material to be submitted in 1993.

9. Total fees submitted with claim: \$200.00

Notarized Statement Signed by Claimant.

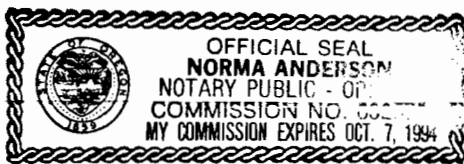
STATE OF OREGON)
County of Curry) : ss

I, DAVID 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.

David L. Knapp

Signature of Claimant

Signed and attested before me this 9 day of March, 1993



Norma Anderson
NOTARY PUBLIC for the State of Oregon
My commission expires: 10-7-94

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 Street Sutherlin, Ore.
97479

Telephone: (503)459-2243