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State of Oregon
WATER RESOURCES DEPARTMENT

APR 01 1991

REGISTRATION STATEMENT CLAIMING A RIGHT
TO APPROPRIATE SURFACE WATER

WATER RESOURCES DEPT.
SALEM, OREGON

Registrant: Walter Klopfenstein

Mailing address: 3732 Cascade Hwy.

	Street		
<u>Silverton,</u>	<u>OR</u>	<u>97381</u>	<u>873-4006</u>
City or town	State	Zip	Phone

1. Sources of water A spring.

Tributary to Unnamed stream, tributary of Silver Creek.

2. Purpose(s) for which water is used Domestic use including not to exceed 1/2 acre of lawn and garden and stock water.

(irrigation, power, mining, domestic, stock, etc.)

3. Amount of water used for beneficial purpose 0.01 cfs
(cubic feet per second)

4. Date of the initiation of such water right Dec. 1850

If the right to be claimed is described by permit, give the permit no. No, certificate no. _____, and name it is in _____

5. Describe the appropriate water diversion and distribution system for both the original distribution system and any enlargements:

A) DITCH:

Material _____
(dirt, concrete, etc.)

Top width _____ Bottom width _____ Depth _____

Grade or fall per 1000 feet _____ Capacity _____
(cubic feet per second)

B) PIPELINE:

Size at intake 2 1/2" galv. Size and distance at changes No change

Total fall between intake and place of use 10' Capacity 0.01 cfs
(feet) (cubic feet per second).

C) PUMP: Pressure boost pump at house.

Make Jacuzzi Type Centrifugal

No. KSS5CXBNP-1082 Intake size _____ Discharge size _____

Suction head _____ Discharge head _____

Rating: G.P.M. _____ R.P.M. _____ Pressure _____

D) MOTOR:

Type _____ Make _____

H.P. Rating 1/2 H.P. R.P.M. _____

E) CONNECTION:

Direct connected unit yes

If belt driven: Size of drive pulley _____ Driven pulley _____

F) DISTRIBUTION SYSTEM:

Main line: Size _____ Length _____ Kind of pipe _____

Lateral lines: Size _____ Length _____ Kind of pipe _____

Size _____ Length _____ Kind of pipe _____

G) SPRINKLER HEADS:

Make _____ Size of nozzles _____

Number of heads used _____ Capacity of each _____ G.P.M.

Operating pressure _____ lbs.

6. Area of land which your distribution system, as originally constructed, was intended to irrigate:

_____ acres

7. Location of the area irrigated, or place of use if other than for irrigation:.

County of Marion W.V.

Township	Range	Section	1/4, 1/4 Section	No. of acres Irrigated
T 7 S	R 1 W	10	S W 1/4 N W 1/4	Domestic 1/2 acres Lawn and Garden, Stock.

TOTAL _____

8. Location of the point of diversion:

SW 1/4 NW 1/4, Section 10, T 7S N/S, R 1W E/W.

9. If the water use is for power, please state:

A) Gross Head _____ feet

B) Developed THP _____

C) Describe the type of water wheel or turbine and generator used: _____

D) If there is a water power claim, please state the filing number: _____

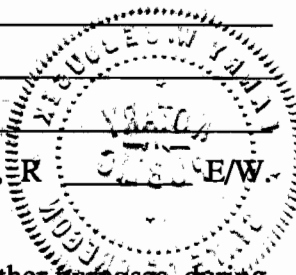
E) Is water returned to original source? _____ If so, where: _____

_____ 1/4 _____ 1/4, Section _____, T _____ N/S, R _____ E/W.

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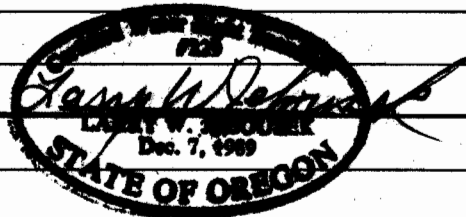


10. When does the irrigation season begin and end, and if water is used for other purposes, during what months is it used? Domestic and Stock water year around.

irrigation June thru Sept. (WR, SK)

11. Remarks: _____

THIS APPLICATION PREPARED BY _____



This registration statement must be accompanied by a map prepared by a ~~Registered Land Surveyor or~~ ^{CERTIFIED WATER RIGHTS EXAMINER} engineer.

State of Oregon)
) ss.
County of Marion)

I, Walter Klopfenstein, being first duly sworn, do hereby certify that I have read the Registration Statement and that all of the items therein contained are true to the best of my knowledge and belief.

Walter Klopfenstein
Signature of Registrant

Subscribed and sworn to before me this 20th day of March 3/20/91, 19 91

Larry W. Debusch
Notary Public

My commission expires: November 17, 1992



CERTIFICATE OF REGISTRATION

State of Oregon)
) ss.
County of Marion)

This is to certify that the foregoing Registration Statement was received in the office of the Water Resources Director on the 1st day of April, 19 91, at _____ o'clock _____ M., and has been duly recorded in the office in Book No. _____ of Registration Statements on page no. _____

Witness my hand this _____ day of _____, 19 _____.

Director

By: _____
Deputy

Fees paid: Irrigation: _____ acres, \$ _____

Power: _____ H.P., \$ _____

Other Uses: Dom to incl. IRR., \$ 200-

Receipt Number: 72747; TOTAL \$ _____

Received: April 1, 19 91.

Light Fred
Water Resources Department