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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: Samuel J. Barker
Mailing Address: 2326 Woodlawn Ct. N.E.
Keizer, Or. 97303 Telephone No: (503) 390-5147
2. Source of water: An unnamed stream flowing into an unnamed stream
Tributary to: flowing into Valley Creek
The Willamette River
3. Purpose(s) for which water is used: Domestic use including lawn and garden
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: _____
4. Priority Date
a) Date of first use: When property was purchased in 1847
b) Date water use development first initiated: Believe when house was built in 1853
c) Name of party who initiated development: John Phillips
5. Amount of water claimed: 6 GPM, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
25 Sections, Township 6S N/S, Range 4W 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

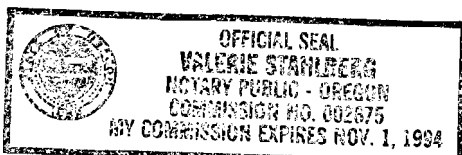
8. Remarks: Water is from a spring providing water for the House, Yard, and Garden of the property owned by Samuel J. Barker and Velma A. Barker part of the original Donation Land Claim No. 50 of John Phillips purchased in 1847. John Phillips was my Great Grandfather

9. Total fees submitted with claim: \$200.00

Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : ss
County of Marion)

I, Samuel J. Barker, 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.



Samuel J. Barker
Signature of Claimant

Signed and attested before me this 29 day of December, 1992

Valerie Stanberg
NOTARY PUBLIC for the State of Oregon
My commission expires: NOV. 1, 1994

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____