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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: Martin L. Pernoll
Mailing Address: P. O. Box 35
Summer Lake, Oregon 97640 Telephone No: (503) 943-3165

2. Source of water: Springs
Tributary to: Summer Lake

3. Purpose(s) for which water is used: Irrigation, Stockwater, Domestic
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 75.67

4. Priority Date
a) Date of first use: March 10, 1884
b) Date water use development first initiated: March 10, 1884
c) Name of party who initiated development: George Winkleman

5. Amount of water claimed: 1.89, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
13 & 14 Sections, Township 30 ~~N/S~~ (S) Range 16 (E) ~~W~~.
_____ Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)

7. Usual period of use: 4 / 1 to 9 / 30
month day month day

8. Remarks: Please see attached: STATEMENT OF CLAIMANT
STATEMENT OF ZILLA LEE PERNOLL
STATEMENT OF MARTIN V. PERNOLL

9. Total fees submitted with claim: \$151.34

Notarized Statement Signed by Claimant.

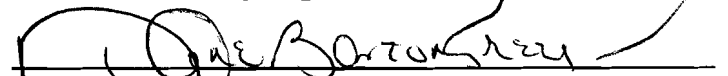
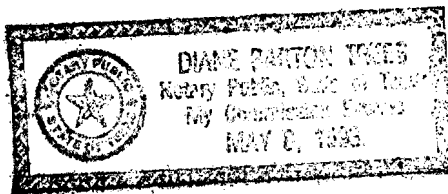
STATE OF ~~OREGON~~ TEXAS)
: ss
County of HARRIS)

I, MARTIN L. PERNOLL, 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.



Signature of Claimant

Signed and attested before me this 28th day of December, 1992



NOTARY PUBLIC for the State of ~~Oregon~~ Texas
My commission expires: 05-08-93

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

Certified Water Right Examiner

Name: Darryl Anderson CWRE#: 005

Address: P.O. Box 28, Lakeview, OR 97630

Telephone: (503) 947-4407