

STATE OF OREGON
WATER RESOURCES DEPARTMENT

4307139

DEC 30 1992

WATER RESOURCES DEPT.
SALMON DIVISION

**SURFACE WATER REGISTRATION STATEMENT
PRE-1909 VESTED WATER RIGHT CLAIM**

1. Name of Registrant: Springfield Forest Products
Mailing Address: P.O. Box 719
Springfield, OR 97477-0119 Telephone No: 746-2124

2. Source of water: Booth-Kelly millrace
Tributary to: Willamette River

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

4. Priority Date
 - a) Date of first use: ~ 1852
 - b) Date water use development first initiated: ~ 1852
 - c) Name of party who initiated development: Elijah Briggs

5. Amount of water claimed: 13.6, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
35, 36 Sections, Township 17 N/S Range 3 E/W
____ Sections, Township ____ N/S, Range ____ E/W.
(Attach additional pages if necessary)

7. Usual period of use: Jan / 1 to Dec / 31
month day month day


8. Remarks: _____

9. Total fees submitted with claim: 850.00

Notarized Statement Signed by Claimant.

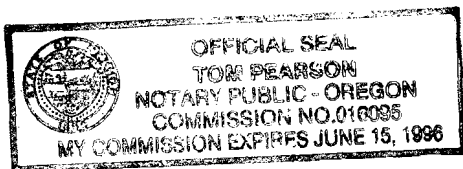
STATE OF OREGON)
) : ss
County of Lane)

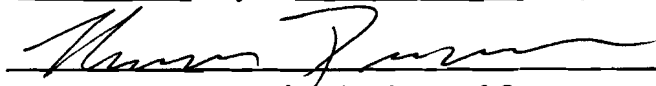
I, Steven LaFranchi, having been duly sworn,
depose and say that I, and being the claimant of the existing surface
water right described herein, have read the contents of this claim and
to the best of my knowledge all of the matters stated herein
are true and correct.



Signature of Claimant

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





NOTARY PUBLIC for the State of Oregon
My commission expires: _____

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____