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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: Arthur C and Ann Beesley
Mailing Address: 17226 N. Abiqua Rd.
Silverton, OR Telephone No: 873-7132
97381
2. Source of water: ABIQUA CREEK
Tributary to: Pudding River
3. Purpose(s) for which water is used: Irrigation
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 12 to 15
4. Priority Date
a) Date of first use: 1886
b) Date water use development first initiated: _____
c) Name of party who initiated development: _____
5. Amount of water claimed: 1/40 PER AC., in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
29 Sections, Township 6 N/S, Range 1 E/W.
____ Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)
7. Usual period of use: MAY / 1 to Sept / 15
month day month day

8. Remarks: ~~to~~ Supporting evidence to arrive Later

9. Total fees submitted with claim: \$ 30.⁰⁰

Notarized Statement Signed by Claimant.

STATE OF OREGON)
: ss
County of _____)

I, _____, 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.

Arthur C. Beeley
Signature of Claimant

Signed and attested before me this 30th day of November, 19 92

William H. Reynolds
NOTARY PUBLIC for the State of Oregon
My commission expires: 2-22-94

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

*The CWRE map
will follow.*

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____