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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: Gene Adkisson
Mailing Address: Highway 30 West, Box 5852
The Dalles OR 97058 Telephone No: 296-2658
2. Source of water: UN NAMED SPRING
Tributary to: COLUMBIA RIVER.
3. Purpose(s) for which water is used: Domestic Gr. House, Stockwater, Irrigation
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 3.5
4. Priority Date
a) Date of first use: 1854
b) Date water use development first initiated: 1854
c) Name of party who initiated development: George Snipes
5. Amount of water claimed: estimated 20, in CFS of GPM
(Water put to beneficial use)
6. Location of place of use:
12 Sections, Township 2 N/S, Range 12 E/W.
____ Sections, Township ____ N/S, Range ____ E/W.
(Attach additional pages if necessary)
7. Usual period of use: year around
____ / ____ to ____ / ____
month day month day

8. Remarks: _____

9. Total fees submitted with claim: \$ 30.00

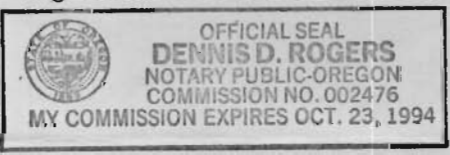
Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Wasco) : ss

I, Gene Robinson, 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.

Gene Robinson
Signature of Claimant

Signed and attested before me this 29 day of December, 19 92



Dennis D. Rogers
NOTARY PUBLIC for the State of Oregon
My commission expires: 10-23-94

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

Certified Water Right Examiner

Name: Roy O. Gaylord CWRE#: 239

Address: 915 Columbia - Hood River 97044

Telephone: 386-4531