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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: Lewis E + MARRION A. Wilkinson Husband & Wife
Mailing Address: 25715 Sand Lake Rd. Clatskanie, OR 97112-9642
Telephone No: 965 6927

2. Source of water: SPRING
Tributary to: SAND LAKE

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

4. Priority Date
a) Date of first use: 29 Feb 1908
b) Date water use development first initiated: 29 Feb 1908
c) Name of party who initiated development: MR COLLIER

5. Amount of water claimed: 1000 Gals ^{per day} in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
3/ Sections, Township 3 N/S, Range 10 E/W.
____ Sections, Township ____ N/S, Range ____ E/W.
(Attach additional pages if necessary)

7. Usual period of use: 1 / 1 / 1 to 12 / 31
month day month day

My Current address is 13366 E 41st Street - Yuma, AZ. 85365
Telephone (602) 342 5154

8. Remarks: I am currently residing in Yuma, AZ. and will be back
in Oregon the later part of March at which time I will get a
Certified Water Right Examiner to prepare a legal map. I have included
the deed dated 29 Feb 1908 giving permission to use this
stream.

9. Total fees submitted with claim: \$200.00

Notarized Statement Signed by Claimant.

STATE OF ARIZONA)
OREGON) : ss
County of YUMA)

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.

Marian A. Wilkinson
Signature of Claimant

Signed and attested before me this 28th day of December, 19 92

Arthur M. Rose
NOTARY PUBLIC for the State of Oregon ARIZONA
My commission expires: March 1, 1996



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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____