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WATER RESOURCES DEPT.
SALEM, OREGON

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SALEM, OREGON

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

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

1. Name of Registrant: Mary Florence Knowlson
Mailing Address: 15201 Hwy 36
Deerwood, Ore 97130 Telephone No: 914-3335

2. Source of water: Lake Creek
Tributary to: Sullivan

3. Purpose(s) for which water is used: Irrigation, Domestic
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 10.9

4. Priority Date
a) Date of first use: 1900
b) Date water use development first initiated: _____
c) Name of party who initiated development: _____

5. Amount of water claimed: 61.04, in ~~CFS~~ or GPM Domestic .005 CFS
(Water put to beneficial use)

6. Location of place of use:
13 Sections, Township 17 N ~~S~~ Range 9 E W
_____ Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)

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

8. Remarks: _____

9. Total fees submitted with claim: 230.00

Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Lane) : ss



I, Sally J. Owens, 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.

Mary Florence Howlson
Signature of Claimant

Signed and attested before me this Dec day of 15th, 19 92

Sally J. Owens
NOTARY PUBLIC for the State of Oregon
My commission expires: 4-18-94

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

Certified Water Right Examiner

Name: Charles W. Giles CWRE#: 166

Address: 52 Centennial Loop
Eugene, Ore. 97401

Telephone: 343-9855