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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: LARSON INLET ASSOCIATION
Mailing Address: 1410 Larson Way, North Bend, Oregon 97459
Telephone No: (503) 756-6950

• SEE ATTACHMENT.

2. Source of water: Larson Creek
Tributary to: Haynes Inlet

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

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

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

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

7. Usual period of use: _____ / _____ to _____ / _____
month day month day

