

DEC 3 0 1992

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 ATTACH MENU 2. Source of water: Larson Creek
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:
c) Ivalite 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.
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Sections, Township N/S, Range E/W.
(Attach additional pages if necessary)
7. Usual period of use: / to / month day month day
month day month day

8. Remarks:	
9. Total fees submit	tted with claim:
Notarized Stateme	ent Signed by Claimant.
STATE OF OREGO	ON ,)
County ofCOOS	: ss)
are true and correc	nowledge all of the matters stated herein et. Signature of Claimant before me this 23 rd day of December, 19 92 NOTARY PUBLIC for the State of Oregon My commission expires: 3-9-94
	T BE ACCOMPANIED BY A MAP PREPARED BY A ER RIGHT EXAMINER (CWRE).
	Certified Water Right Examiner
	Name:CWRE#:
	Address:
	Telephone: