

STATE OF OREGON
WATER RESOURCES DEPARTMENT

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

1. Name of Registrant: Dennis C. Lawrence
Mailing Address: 7105 Lardon RD. N.E. Salem, OR 97305
Telephone No: 581-7094
2. Source of water: Pudding River
Tributary to: Willamette River
3. Purpose(s) for which water is used: Irrigation
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 23
4. Priority Date
a) Date of first use: May 9th 1906
b) Date water use development first initiated: May 9th 1906
c) Name of party who initiated development: William M. Welch
5. Amount of water claimed: .005 CFS, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
10 Sections, Township 7 N/S, Range 2W E/W.
 Sections, Township N/S, Range E/W.
(Attach additional pages if necessary)
7. Usual period of use: May / 01 to Oct. / 01
 month day month day

8. Remarks: Since the property has farmed and or used as a livestock operation on a continuous basis from the year of 1906 to the present date, and since the Pudding River is the boundary for the property, it is assumed that the Pudding River has been used as the source of water to perform those operations on a continuous basis from that date of May 9th 1906. (see copy of deed enclosed herewith)
9. Total fees submitted with claim: \$30.00

Notarized Statement Signed by Claimant.

STATE OF OREGON)
 County of Marion) : ss

I, DENNIS C. LAWRENCE, 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.

Dennis C. Lawrence
 Signature of Claimant

Signed and attested before me this 31st day of December 19 92
Beverly K. Ogden
 NOTARY PUBLIC for the State of Oregon
 My commission expires: 6-27-93

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____