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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: ARNOLD A. ANHELUK
Mailing Address: 37990 Jasper-Lowell Rd.
Jasper OR. 97438 Telephone No: 937-2412

2. Source of water: Fall Creek
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: 30

4. Priority Date
 - a) Date of first use: JUNE 1908
 - b) Date water use development first initiated: MAY 1908
 - c) Name of party who initiated development: ARTHUR O. WALLER

5. Amount of water claimed: 500 G.P.M., in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
31 Sections, Township 18 N/S, Range 1 E/W.
 Sections, Township N/S, Range E/W.
(Attach additional pages if necessary)

7. Usual period of use: MAY / 1 to OCT. / 15
 month day month day

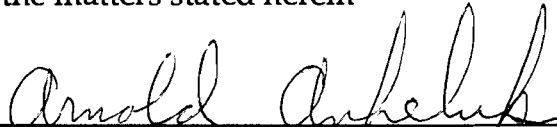
8. Remarks: _____

9. Total fees submitted with claim: _____

Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : ss
County of _____)

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.



Signature of Claimant

Signed and attested before me this _____ day of _____, 19 _____

NOTARY PUBLIC for the State of Oregon
My commission expires: _____

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____