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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: Glenn O. Tarbell - Loren G. Tarbell
Mailing Address: 33807 Tarbell Rd
Scappoose, Oregon 97056 Telephone No: 543-2570 or
735-4206
2. Source of water: Creek (unnamed)
Tributary to: Scappoose Bay
3. Purpose(s) for which water is used: Stock water - Garden Irrigation -
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.) Wildlife Habitat
If irrigation, total number of acres irrigated: Less than 1/2
4. Priority Date
a) Date of first use: 1908
b) Date water use development first initiated: 1908
c) Name of party who initiated development: A H Tarbell
5. Amount of water claimed: Minimal, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
30 Sections, Township 4 N/S, Range 1 E/W.
25 Sections, Township 4 N/S, Range 2 E/W.
(Attach additional pages if necessary)
7. Usual period of use: 6 / 1 / 1 to 9 / 1 / 30
month day month day
year round for stock watering

8. Remarks: this property is a Part of Original Price
Purchased in 1908 by A. J. Tarbell and now
is his Sons Glenn O. Tarbell. They have Continuously
used this Source of Water for various levels of
Irrigation and Stock Watering.
9. Total fees submitted with claim: \$ 200⁰⁰

Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Columbia) : ss

Loren J. Tarbell

I, Glenn O. Tarbell, 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.

Loren J. Tarbell
Glenn O. Tarbell
Signature of Claimant

Signed and attested before me this 30th day of Dec, 19 92

Sheldon R. Gordon
NOTARY PUBLIC for the State of Oregon
My commission expires: 5-14-93

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____