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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: Laurel Slater (et al - owners)
Mailing Address: 46650 E Crown Point Hwy
Corbett, OR 97019 Telephone No: 695-2333

2. Source of water: spring/creek
Tributary to: flows to Columbia River

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

4. Priority Date
a) Date of first use: deeds recorded Feb. 1901, March 1907
b) Date water use development first initiated: land contract initiated in 1895
c) Name of party who initiated development: Virgil Amend
(registrant's great-grandfather)

5. Amount of water claimed: 0.01, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
22 Sections, Township 1 N/S, Range 5 E/W. TL#7
Bridal Val Heights Lot 1-3 Block C S 1/2 of Lot 4, Block C
Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)

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

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8. Remarks: _____

9. Total fees submitted with claim: \$200.00

Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : ss
County of _____)

I, Laurel Slater, 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.

Laurel Slater

Signature of Claimant

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

[Signature]

NOTARY PUBLIC for the State of Oregon
My commission expires: 2-24-95



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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____