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Claim & check. Larry Powers
Water Master Dist. No 9

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JAN 04 1993

STATE OF OREGON
WATER RESOURCES DEPARTMENT
WATER RESOURCES DEPT.
SALEM, OREGON

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

1. Name of Registrant: Joanne Stitzel
Mailing Address: PO Box 132
Arach, OR 97902 Telephone No: (503) 586-2428

2. Source of water: Secon Creek
Tributary to: Snake River

3. Purpose(s) for which water is used: Irrigation, Stockwater
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 112.3

4. Priority Date
a) Date of first use: 1890
b) Date water use development first initiated: 1882
c) Name of party who initiated development: ARTHUR J. MOSS

5. Amount of water claimed: 14, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
28, 29 Sections, Township 25 N/S Range 46 E/W.
____ Sections, Township ____ N/S, Range ____ E/W.
(Attach additional pages if necessary)

7. Usual period of use: 3 / 1 / 1 to 10 / 15 - Irrigation
month day month day
1/1 to 12/31 Stockwater

8. Remarks: Accompanying Map # 2 ; Attached evidence: 2-1 Real Estate Mortgage outlining known water rights; 2-2 Patent deed to Arthur J. Moss; 2-3 Patent deed to William Tomlinson; 2-4 1882 survey field notes showing homestead activity of Arthur Moss.

9. Total fees submitted with claim: 61 (\$ 413)

Notarized Statement Signed by Claimant.

Edith
STATE OF OREGON)
County of Clatsop) : ss

I, Jo Anne Stitzel, 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.

Joanne Stitzel
Signature of Claimant

Signed and attested before me this 30th day of Dec, 1992

James D. Stewart
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: DAVID L. HADDOCK CWRE#: 300

56 NE MT. HEBRON
Address: PENDLETON, OR 97801

Telephone: (503) 276-2193