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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: Richard W. Cleveland/Stephanie J. Cleveland
Mailing Address: 1165 Debrick
Eugene, OR 97401 Telephone No: 484-1895, 485-1616
2. Source of water: spring
Tributary to: Willamette River in Eugene
3. Purpose(s) for which water is used: irrigation
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 2
4. Priority Date
a) Date of first use: prior to 1850
b) Date water use development first initiated: prior to 1850
c) Name of party who initiated development: Crenshaw
5. Amount of water claimed: 10 gpm in CFS or GPM flow through
(Water put to beneficial use) 3/4 inch I.D. pipe
6. Location of place of use: Lane County tax map #17-03-19-4-3
Sections, Township N/S, Range E/W. 1200, 1100 and 1300
Sections, Township N/S, Range E/W.
(Attach additional pages if necessary)
7. Usual period of use: Jan. / 1 to Dec. / 31
month day month day

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8. Remarks: see attached narrative statement (2 pages) and map. The exact location of the spring is at the bottom of a concrete improvement adjacent to and southwest of the trunk of a large Maple tree, within 5 feet of the easterly boundary of the property and 30 feet of the southerly boundary of the property marked tax lot 1200.

9. Total fees submitted with claim: \$30

Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : ss
County of Lane)

I, Richard W. Cleveland, 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.

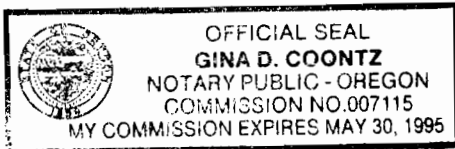
Richard W. Cleveland

Signature of Claimant

Signed and attested before me this 31st day of December, 1992

Gina D. Coontz

NOTARY PUBLIC for the State of Oregon
My commission expires: 5/30/95



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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____