

JAN 04 1993

WATER RESOURCES DEPT.
SALEM, OREGONSTATE OF OREGON
WATER RESOURCES DEPARTMENTSURFACE WATER REGISTRATION STATEMENT
PRE-1909 VESTED WATER RIGHT CLAIM

1. Name of Registrant: ORLANDO & JUDITH M. AMOROSO
Mailing Address: 20882 SHELL HARBOR
HUNTINGTON BEACH, CA 92646 Telephone No: 714-9685949
2. Source of water: UNNAMED CREEK (SEE EXHIBIT A OF
Tributary to: UNKNOWN (POLICY OF TITLE, ENCLOSED))
3. Purpose(s) for which water is used: IRRIGATION AND STOCK USE
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: LESS THAN FIVE
[APPROXIMATELY 775 LINEAR FEET ALONG CREEK]
4. Priority Date SEE REMARKS (a)
 - a) Date of first use: _____
 - b) Date water use development first initiated: _____
 - c) Name of party who initiated development: _____
5. Amount of water claimed: _____, in CFS or GPM DIFFICULT TO DETERMINE SINCE (Water put to beneficial use) CREEK OFTEN RUNS DRY AND OCCASIONALLY, WATER FLOW IS REDUCED OR INTERRUPTED
6. Location of place of use: BY UPSTREAM OVERUSAGE OR DAM
20 AND 29 Sections, Township 27S N 1/4, Range 7W 1/4. (SEE MAPS)
_____, Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)
7. Usual period of use: _____ / _____ to _____ / _____ YEAR ROUND
month day month day

8. REMARKS M

(a) IT IS ~~MY~~ UNDERSTANDING THAT WATER USE STARTED WITH THE HOMESTEAD OF THE FLOURNOY FAMILY PRIOR TO THE YEAR 1900 AND CONTINUED UNINTERRUPTED TO THIS DATE.

~~ADDITIONAL~~

7 (b) AT THIS TIME IT IS NOT POSSIBLE FOR ME TO SUBMIT A MAP PREPARED BY A CWRE; BUT I SHALL DO SO IN THE NEAR FUTURE

9. Total fees submitted with claim: \$ 30.00

Notarized Statement Signed by Claimant.

STATE OF OREGON)

: ss

County of _____)

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WATER RESOURCES DEPT
SALEM, OREGON

I, ORLANDO AMOROSO, 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]
Signature of Claimant

Signed and attested before me this 31 day of DEC, 19 92

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). [SEE REMARKS (b)]

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____