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

1. Name of Registrant: Harry D. & Betty J. Miner  
Mailing Address: 18425 NE 95th #100  
Redmond, WA 98052 Telephone No: 31-206-861-6883
2. Source of water: Rainfall  
Tributary to: Kent Creek
3. Purpose(s) for which water is used: Growing vegetation  
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)  
If irrigation, total number of acres irrigated: \_\_\_\_\_
4. Priority Date  
a) Date of first use: First vegetation growth  
b) Date water use development first initiated: 1990  
c) Name of party who initiated development: HDM GOD
5. Amount of water claimed: 90%, in CFS or GPM  
(Water put to beneficial use)
6. Location of place of use:  
06 Sections, Township 29 N/S, Range 06 E/W.  
\_\_\_\_ 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

8. Remarks: Col. 17 AC Kent Cr. Rd  
TAX lot 100 Dillard, OR

9. Total fees submitted with claim: \_\_\_\_\_

Notarized Statement Signed by Claimant.

STATE OF ~~OREGON~~ WASHINGTON

County of King ) : ss

I, Betty J Miller & Harry D. Miller, 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.

Betty J. Miller  
Signature of Claimant

Signed and attested before me this 21st day of December, 19 92

Debra Baggio  
NOTARY PUBLIC for the State of Oregon Washington  
My commission expires: 7-30-94

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

Certified Water Right Examiner  
Name: \_\_\_\_\_ CWRE#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_