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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: Davidson Industries, Inc.  
Mailing Address: P.O. Box 7  
Mapleton, OR 97453 Telephone No: (503) 268-4422
2. Source of water: Bernhardt and Demming Creek and an unnamed tributary of  
Tributary to: Demming Creek all running into the Siuslaw River in Lane Co.
3. Purpose(s) for which water is used: Stockwater  
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)  
If irrigation, total number of acres irrigated: \_\_\_\_\_
4. Priority Date  
a) Date of first use: February 13, 1893 Homestead Entry  
b) Date water use development first initiated: February 13, 1893  
c) Name of party who initiated development: Robert P. Bernhardt
5. Amount of water claimed: .01, in CFS or GPM  
(Water put to beneficial use)
6. Location of place of use:  
20, 21, 22, 27, Sections, Township 18 ~~N~~/S, Range 11 ~~E~~/W.  
28, 29, 30, 31, 32, 34, 35  
\_\_\_\_\_ Sections, Township \_\_\_\_\_ N/S, Range \_\_\_\_\_ E/W.  
(Attach additional pages if necessary)
7. Usual period of use: January/ 01 to December / 31  
month day month day



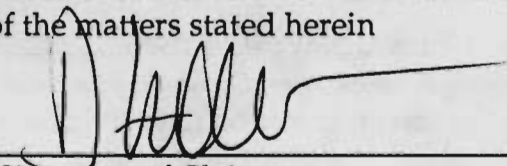
8. Remarks: Numerous Homestead entry and patent prior to 1909  
included in this ownership.

9. Total fees submitted with claim: \$200.00

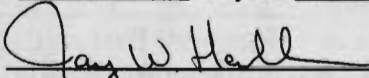
Notarized Statement Signed by Claimant.

STATE OF OREGON )  
 ) : ss  
County of Lane )

I, F. David Crowell, 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 of Claimant

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

  
\_\_\_\_\_  
NOTARY PUBLIC for the State of Oregon  
My commission expires: 6/27/93



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

Certified Water Right Examiner

Name: \_\_\_\_\_ CWRE#: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_