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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

IV	Name of Registrant: Davidson Industries, Inc. Mailing Address: P.O. Box 7
	Mapleton, OR 97453 Telephone No: (503) 268-4422
2. S	ource of water: Five Mile Cr., Harry Cr., Bell Cr., all tributar
	ributary to: into Tahkenich Lake in Douglas County, OR.
3. Pu	rpose(s) for which water is used: Stockwater
-	(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If:	irrigation, total number of acres irrigated:
4. Pı	riority Date
) Date of first use: 1905
_) Date water use development first initiated:
) Date water use development first initiated: 1905) Name of party who initiated development: Unknown
	Name of party who initiated development: Unknown
c	Amount of water claimed: 0.01 , in CFS or GPM
c	Name of party who initiated development: Unknown
5. A	Name of party who initiated development: Unknown Amount of water claimed: 0.01, in CFS or GPM (Water put to beneficial use)
5. A	Name of party who initiated development: Unknown Amount of water claimed: 0.01, in CF9 or GPM (Water put to beneficial use) Location of place of use:
5. A	Name of party who initiated development: Unknown Amount of water claimed: 0.01, in CFS or GPM (Water put to beneficial use)
5. A	Amount of water claimed:
5. A	Amount of water claimed: 0.01 , in CFS or GPM (Water put to beneficial use) Location of place of use: 7,8,9,15 Sections, Township 20 x x x S, Range 11 x W.
5. A	Amount of water claimed:, in CFS or GPM (Water put to beneficial use) Location of place of use: 7,8,9,15 Sections, Township N/S, Range E/W. Sections, Township N/S, Range E/W.

3. Remarks:			
EVANA Y		90 (15 (10)	
9. Total fees submitted w	vith claim: \$200.	00	
Notarized Statement Sig	gned by Claimant.		
STATE OF OREGON)		
County ofLane	: ss)		
THE PARTY OF THE P			
I, F. David Crowell depose and say that I, a	nd being the claimar	en duly sworn, nt of the existing surface contents of this claim and	
to the best of my knowl	edge all of the matte	s stated herein	
are true and correct.	14		
	Signature of	of Claimant	
Signed and attested befo	re me this 31st	day ofDecember, 19_92	
	Jan	W. Hell	
A OTA RYES		SUBLIC for the State of Oregon ssion expires: 6/27/93	
	88		
THIS FORM MIIST R	e accompanien	BY A MAP PREPARED BY A	
CERTIFIED WATER F			
	Certified Water R	ight Examiner	
	Name:	CWRE#:	
	Address:		