Man No. U.S.

APPLICATION FOR A PERMIT

To Appropriate the Underground Waters of the State of Oregon

Echo (3	Wellow Wi	Therrite)	, co	unty ofM.R.B	LR.W	
me of OReq	e N underground s	oaters of the state	hereby make apple of Oregon, SUBJ	ication for a perm ECT TO EXIST:	nit to appropri	ate the
If the applica	int is a corporat	ion, give date and	l place of incorpor	ation		
			ne well, tunnel or	other source of 1	water develop	ment is
tuated	Butter	CREEK	(Wanne of stream)	······································	*************	
			tributar	y of UMATIL	LA RIV	e R
2. The amorest per second.			intends to apply		,	
3. The use	to which the w	ater is to be appl	ied is IRR	19 ATION		
4. The well	or other source	e is located	. ft αnc	ft	from the	
orner of	***************************************		(Section or subdivision)	,		
			11261 11 111 111 112 112 112 112 112 112			
1320 Feet	- W FR.MS	E CORNER a		TWA IN R	PMTC 27. A	EM W
			F Section 3			
3940 Fee	T E. FROM S	W CORNER .		TWN LALR	rage 27	E.ur
3940 Fee	FE. FROM S If there is more BETWERA	than one well, each mile.	F Section 3 3 nor and bearing to section F Section 3 Use sapa	TWN LALR	rage 27	E.ur
3940 Feet	TE. FROM S If there is more BETWERA nty of Mod	THE CORNER OF THE CONTROL OF THE CON	F Section 3 3 not and bearing to section F Section 3 Use separation of Sec. 3 A	TWN LALR	rage 27	E.ur
3940 Feet being within the W. M., in the coun	BETWERA	Canal or pipe line	F Section 3 3 not and bearing to section F Section 3 Use separation of Sec. 3 A	THE LA R. rate sheet if necessary)	Mage 27	E.H. 1
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and different beautiful to	feet; depth of w	ster	feet; grade	feet fall per one
usend feet.			Andrew Commence	
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17. The water will be completely applied to the proposed use on	
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STATE OF OREGON,	
County of Marion,	
This is to certify that I have examined the foregoing application	ı, together with the accompanying
maps and data, and return the same for	
	······································
· In order to retain its priority, this application must be returned	to the State Engineer, with correc-
tions on or before, 19	
WITNESS my hand this day of	, 19

to could that I have exemined the foregoing application and do hereby grant the same, the same, and the following limitations and conditions:

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