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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: Shollia Marie Gates
Mailing Address: 12844 N Myrtle Rd
Myrtle Creek OR 97457 Telephone No: 863-5644

2. Source of water: Box Creek
Tributary to: North Myrtle Creek

3. Purpose(s) for which water is used: Irrigation Stockwater - Domestic
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 20 acres

4. Priority Date
a) Date of first use: Jan - 1921
b) Date water use development first initiated: _____
c) Name of party who initiated development: _____

5. Amount of water claimed: _____, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
23 Sections, Township 28 N/S Range 4W E/W.
_____ Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)

7. Usual period of use: May 1 to Nov 1
month day month day

8. Remarks: Application # 7697 - Permit # 4921
was found after I had paid for Water Rights
reference file # S-72895

9. Total fees submitted with claim: Submitted \$ 325.00

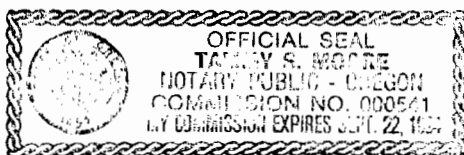
Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Douglas) : SS

Shelia Marie Cates, 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.

Shelia Marie Cates
Signature of Claimant

Signed and attested before me this 1st day of December, 19 92



Tammy S Moore
NOTARY PUBLIC for the State of Oregon.
My commission expires: 9-22-94

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

Certified Water Right Examiner

Name: James F. Gosson CWRE# 054

Address: 580 S State St

Telephone: 459-2243