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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: POWERS RANCH CO.
Mailing Address: 5800 40th Avenue West
Seattle, Washington 98199 Telephone No: 206/283-9996

2. Source of water: South Fork Coquille River
Tributary to: Coquille River

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: 1870[±]
b) Date water use development first initiated: 1870
c) Name of party who initiated development: WILLIAM M^o DONALD

5. Amount of water claimed: 0.005, in CFS _____
(Water put to beneficial use)

6. Location of place of use:
13 Sections, Township 31 S, Range 12 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: PROPERTY WAS DONATION LAND CLAIM
FROM PIONEER TIMES.

9. Total fees submitted with claim: \$ 200⁻

Notarized Statement Signed by Claimant.

STATE OF ~~OREGON~~ WA)
County of King) : ss

I, A.H. Powers, 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.

A.H. Powers
Signature of Claimant PRESIDENT

Signed and attested before me this 4th day of Dec, 19 92
Carol DeWitt
NOTARY PUBLIC for the State of ~~Oregon~~ WA
My commission expires: 10-20-95

**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#: 54
Address: 580 S. State St., Sutherlin, OR 97479
Telephone: 503/459-2243