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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: SUSAN WADDLE
Mailing Address: 1451 GAZLEY ROAD, MYRTLE CREEK, OR. 97457
Telephone No: (503) 839-4612
2. Source of water: SPRING
Tributary to: SOUTH UMPQUA RIVER
3. Purpose(s) for which water is used: DOMESTIC and STOCKWATER
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: _____
4. Priority Date
a) Date of first use: MAY 24, 1866
b) Date water use development first initiated: MAY 14, 1902
c) Name of party who initiated development: H. H. OLCOTT
5. Amount of water claimed: 0.02 CFS, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
20 Sections, Township 30 N (S) Range 5 E (W)
____ Sections, Township ____ N/S, Range ____ E/W.
(Attach additional pages if necessary)
7. Usual period of use: 1 / 1 to 12 / 31
month day month day

8. Remarks: _____

9. Total fees submitted with claim: \$ 400.00

Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Douglas) : ss

I, SUSAN WADDLE, 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.

Susan Waddle
Signature of Claimant

Signed and attested before me this 17 day of December, 19 92

Vicky Rhea
NOTARY PUBLIC for the State of Oregon
My commission expires: 5/1/94



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

Certified Water Right Examiner

Name: RAYMOND F. BROWN CWRE#: 234

Address: P.O. BOX 539, CANYONVILLE, OR. 97417

Telephone: (503) 839-6185