

RECEIVED

DEC 18 1992

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: Samuel Dement  
Mailing Address: 835 6th Street  
Myrtle Point, OR 97458 Telephone No: 572-5091

2. Source of water: See specific P.O.D. description attached.  
Tributary to: " " "

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

4. Priority Date  
a) Date of first use: See specific P.O.D. description attached.  
Date water use development first initiated: " "  
Name of party who initiated development: " "

Amount of water claimed: 8.4 GPM, in CFS or GPM (all P.O.D.'s total)  
(Water put to beneficial use)

Location of place of use: See specific P.O.D. description attached.  
--- Sections, Township --- N/S, Range --- E/W.  
--- Sections, Township --- N/S, Range --- E/W.  
(Attach additional pages if necessary)

Period of use: 1 / 1 to 12 / 31  
month day month day

8  
DIFFERENT  
DATES  
8 Focus  
SEE LETTER

8. Remarks: See attached applicant statement, letters of witness, original conveyance abstracts and subsequent chain of title to present owner, Samuel Dement.

9. Total fees submitted with claim: \$200

Notarized Statement Signed by Claimant.

STATE OF OREGON )  
County of Coos ) : ss

I, Samuel Dement, 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.

Samuel Dement  
Signature of Claimant

Signed and attested before me this 16<sup>th</sup> day of December, 19 92



Joyce E. Stuntzner  
NOTARY PUBLIC for the State of Oregon  
My commission expires: 11/24/95

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

Certified Water Right Examiner

Name: Ronald E. Stuntzner CWRE#: 126

Address: P0 Box 118, Coos Bay, OR 97420

Telephone: 267-2872