| ·• , | , es | 32 | ψĒ | | 1 P 1 | |
|------|------|------|------------------|---|----------------|--|
| | ¢. | Å. | , e ^r | | ر . المدينة | |
| ા એ | | A.C. | 2.1.1 | e | | |

DEC 22 1992

ATER RESOURCES DEP C SALEM, OREGON

STATE OF OREGON WATER RESOURCES DEPARTMENT

SURFACE WATER REGISTRATION STATEMENT PRE-1909 VESTED WATER RIGHT CLAIM

| Mailing Address: | P.O. | BOX | 699, | RIDDLE | , OR. | 97469 | | |
|------------------|------|-----|------|--------|--------|--------|-------|----------|
| 0 | | | | ר | elepho | ne No: | (503) | 874-2043 |

2. Source of water: <u>SOUTH UMPQUA RIVER</u> Tributary to: <u>UMPQUA RIVER</u>

3. Purpose(s) for which water is used: <u>IRRIGATION</u>, <u>STOCKWATER</u>, <u>AND</u> <u>DOLESTIC</u> (Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.) If irrigation, total number of acres irrigated: <u>6.0 ACRES</u>

- 4. Priority Date
 - a) Date of first use: <u>APEIL 14, 1908</u>

b) Date water use development first initiated: _______

c) Name of party who initiated development: <u>MELVILLE PRUNER</u>

5. Amount of water claimed: <u>0.095 CFS</u>, in CFS or GPM (Water put to beneficial use)

Location of place of use:
<u>12</u> Sections, Township <u>30</u> N/S, Range <u>6</u> E/W.

_____ Sections, Township _____ N/S, Range ____ E/W. (Attach additional pages if necessary)

7. Usual period of use: 1 / 1 to 12 / 31month day month day

8. Remarks: Also submitting: House's age per Douglas County & Historical Resource Inventory (Ordiary exercits referring to USage (311861 to present Deeds - showing real property Irrigation 30,00 Domestic Stock water 200.00 200,00 9. Total fees submitted with claim. 430,00 Notarized Statement Signed by Claimant. STATE OF OREGON : ss County of Douglas WE /1/ RICK D. & KAREN GIBBONS __, 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. Signature of Claimant Signed and attested before me this 21^{37} day of <u>December</u>, 1992 NOTARY PUBLIC for the State of Oregon THIS FORM MUST BE ACCOMPANIED BY A MAP PREPARED BY A CERTIFIED WATER RIGHT EXAMINER (CWRE). Certified Water Right Examiner **CWRE#:**_2<u>34</u> Name: RAYMOND F. BROWN Address: P.O. BOX 539, CANYONVILLE, OR. 97417 Telephone: (503) 839-6185