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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: DALE L. HOFFMAN
Mailing Address: HC 86 Box 182 A
MYRTLE POINT OR 97458 Telephone No: 572-2765
2. Source of water: MIDDLE Fork
Tributary to: COQUILLE River
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: 1854
 - b) Date water use development first initiated: 1906
 - c) Name of party who initiated development: EDWARD M HOFFMAN
5. Amount of water claimed: .005 CFS, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
22 & 27 Sections, Township 29 N/S Range 12 E/W.
____ Sections, Township ____ N/S, Range ____ E/W.
(Attach additional pages if necessary)
7. Usual period of use: 4 / 15 to 12 / 1
month day month day

This property has virtually nothing but a wet weather creek that dries up in early summer. I was born & raised & helped run this ranch from a young age. I've heard my dad & my granddad tell of the ranch operation clear back into the 1800's. Stock had always been watered from the river and still is to the present time.

- 8. Remarks: Evidence to be presented. Patent of Donation land claim Grandfather deed - Father deed - Deed to R.E. Powrie. Deed of portion I bought from R.E. Powrie. Record books of ranch - tax records - Historical records - Motorized letters from an aunt born & raised on ranch - Motorized letters from persons whose families bought or sold livestock or traded stock and work with our family
- 9. Total fees submitted with claim: 200.⁰⁰

Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Cook) : ss

I, DALE L. HOFFMAN, 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.

Dale L Hoffman
Signature of Claimant

Signed and attested before me this 21st day of Dec, 1992



Donna Kay Redford
NOTARY PUBLIC for the State of Oregon
My commission expires: 9-12-95

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

Certified Water Right Examiner

Name: Forrest J Hales CWRE#: 059

Address: 1490 N IVY COQUILLE, OR. 97423

Telephone: 396 - 2596