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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: Byron E Brimm (Chetco River Ranch)
Mailing Address: P.O. Box 41 Brookings Oregon 97415
Telephone No: 469-8136 Ride Phone
2. Source of water: Spring
Tributary to: Dose Not Flow off Place
3. Purpose(s) for which water is used: Irrigation, Stockwater, Domestic
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 18
4. Priority Date Tolman
a) Date of first use: Charles R Gray July 19, 1895
b) Date water use development first initiated: July 19, 1895
c) Name of party who initiated development: Charles R Gray
Ambrose Pendleton Tolman
5. Amount of water claimed: 0.3753 acm in CFS or GPM
0.187515 acm
(Water put to beneficial use)
6. Location of place of use:
7+8 Sections, Township 39 N/S, Range 12 E/W.
8 Sections, Township 39 N/S, Range 12 E/W.
(Attach additional pages if necessary)
7. Usual period of use: Jan 1 to Jan 1
month day month day

8. Remarks: #1. Documents Showing water was use before
and After 1909 #2. Spring Doesn't flow off Place
#3 This is all one place now.

9. Total fees submitted with claim: \$436.⁰⁰/₁₀₀

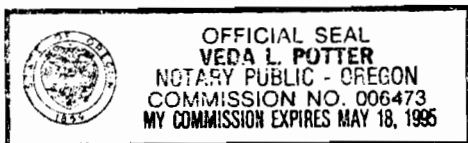
Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : SS
County of CURRY)

I, BYRON E. BRIMM, 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.

Byron E Brimm
Signature of Claimant

Signed and attested before me this 21st day of December, 19 92



Veda L. Potter
NOTARY PUBLIC for the State of Oregon
My commission expires: May 18, 1995

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

Certified Water Right Examiner

Name: Donald Corbucci CWRE#: 29

Address: P.O. Box 1280 Brookings OR 97415

Telephone: _____