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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: Thomas D. and Arlene R. Guerin  
Mailing Address: HC 85 Box 26  
Myrtle Point, Oregon 97158 Telephone No: 572-2566
2. Source of water: Middle Fork and South 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: Prior to February 14, 1909  
b) Date water use development first initiated: To be sent later  
c) Name of party who initiated development: To be sent later
5. Amount of water claimed: 0.005, in CFS or GPM  
(Water put to beneficial use)
6. Location of place of use:  
21 Sections, Township 29 N/S, Range 12 E/W.  
22 Sections, Township 29 N/S, Range 12 E/W.  
(Attach additional pages if necessary)
7. Usual period of use: 1 / 1 / 1 to 12 / 31 / 1  
month day month day

8. Remarks: We want to file for stock water rights for the entire river frontage on property belonging to Thomas D. and Arlene R. Guerin bordering both the Middle Fork and South Fork of the Coquille River. Enclosed is a map prepared by Forrest Hales, CWRE.

9. Total fees submitted with claim: \$ 200.00

Notarized Statement Signed by Claimant.

STATE OF OREGON )  
County of Coos ) : ss

I, Thomas D. Guerin, 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.

Thomas D. Guerin  
Signature of Claimant

Signed and attested before me this 23<sup>rd</sup> day of December, 19 92



Delilah E. Swenson  
NOTARY PUBLIC for the State of Oregon  
My commission expires: 8-12-96

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

Certified Water Right Examiner

Name: \_\_\_\_\_ CWRE#: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_