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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: Winifred E Runge
Mailing Address: 414 SE 8th St, Oakland, OR 97462
P. O. BOX 605 Telephone No: (503) 672-2748
2. Source of water: Unnamed Spring
Tributary to: Unnamed Stream, Calapooya Creek, Umpqua River
3. Purpose(s) for which water is used: Stockwater
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: _____
4. Priority Date
a) Date of first use: 1890
b) Date water use development first initiated: 1890
c) Name of party who initiated development: Unknown
5. Amount of water claimed: 0.005 CFS, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
4 Sections, Township 25S N/S, Range 5W E/W.
_____ Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)
7. Usual period of use: 1 / 1 to 12 / 31
month day month day

8. Remarks: Deeds

Statement by Winifred E Runge

9. Total fees submitted with claim: \$200

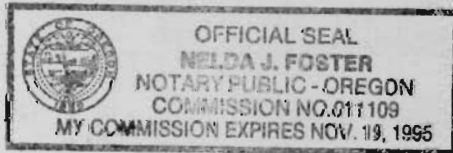
Notarized Statement Signed by Claimant.

STATE OF OREGON)
: ss
County of DOUGLAS)

I, WINIFRED E. RUNGE, 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.

Winifred E. Runge
Signature of Claimant

Signed and attested before me this 23rd day of December, 19 92



Nelida J. Foster
NOTARY PUBLIC for the State of Oregon
My commission expires: November 19, 1995

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

Certified Water Right Examiner

Name: Maurice E Farr CWRE#: 046

Address: 1960 SW Burdette Drive, Roseburg, OR 97470

Telephone: (503) 679-6598