

RECEIVED

DEC 24 1992

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: James D. Torson
Mailing Address: 10437 Little River Rd., Glide, OR 97443
Telephone No: 496-3430
2. Source of water: an unnamed stream
Tributary to: Little River which is tributary to N. Umpqua River
3. Purpose(s) for which water is used: Domestic and Irrigation
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 1.5 acres
4. Priority Date
a) Date of first use: June 13, 1898
b) Date water use development first initiated: June 13, 1898
c) Name of party who initiated development: John W. Greenman
5. Amount of water claimed: 0.0288 cfs, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
SW 1/4 S. 8 Sections, Township 27 N/S, Range 2 E/W.
Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)
7. Usual period of use: 4 / 1 to 10 / 1
month day month day **irrigation**
YEARLONG **domestic**


8. Remarks: A temporary map accompanies this form. The map prepared by the CWRE below will follow at a later date. Evidence supporting this vested right claim accompanies this form. Any other evidence will follow at a later date.

9. Total fees submitted with claim: \$230

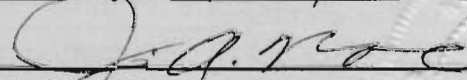
Notarized Statement Signed by Claimant.

STATE OF OREGON)
: SS
County of Douglas)

I, James D. Torson, 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 17 day of Dec., 1992


NOTARY PUBLIC for the State of Oregon
My commission expires: 6-12-94

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

Certified Water Right Examiner

Name: Janet R. Lundeen CWRE#: 80

Address: 1926 NW Avoy Ct., Roseburg, OR 97470

Telephone: 503-672-0924