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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: JAMES H. & GRACE V. WELLER
Mailing Address: P. O. Box 516, Hollister, CA 95024
Telephone No: (408) 637-3010
2. Source of water: LITTLE RIVER - APPROXIMATELY 7 MILES SOUTH OF GLIDE, OR.
Tributary to: No. Umpqua River
3. Purpose(s) for which water is used: DOMESTIC
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: _____
4. Priority Date
a) Date of first use: SEE ITEM 8
b) Date water use development first initiated: _____
c) Name of party who initiated development: _____
5. Amount of water claimed: 1 CFS, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
02 Sections, Township 27 N/S, Range 03 E/W. Tax Lot 2000
____ Sections, Township ____ N/S, Range ____ E/W.
(Attach additional pages if necessary)
7. Usual period of use: 01 / 01 to 12 / 31
month day month day

8. Remarks: AS PER CONVERSATION WITH YOUR OFFICE, WE RESIDE IN CALIFORNIA (SUBJECT PROPERTY IS CURRENTLY RENTED) AND WE HAVE NOT YET BEEN ABLE TO HAVE THE NECESSARY RESEARCH PERFORMED, NOR THE MAP PREPARED. BUT THESE WILL BE CONTRACTED FOR IN SPRING 1993 WHEN WE WILL AGAIN BE IN OREGON

9. Total fees submitted with claim: \$ 200⁰⁰

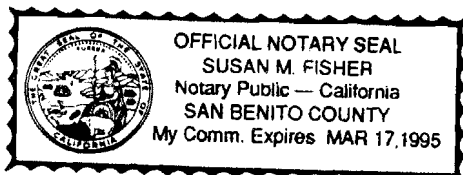
Notarized Statement Signed by Claimant.

STATE OF ~~OREGON~~ ^{CALIFORNIA})
County of San Benito) : ss

I, JAMES H. WELLER, having been duly sworn,
depone 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.

James H. Weller
Signature of Claimant

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



Susan M. Fisher
NOTARY PUBLIC for the State of ~~OREGON~~ ^{CALIFORNIA}
My commission expires: March 17, 1995

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____