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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: Gene C. and Mabel Abbott
Mailing Address: 7046 Lower Smith River Rd.
Reedsport, OR 97467 Telephone No: 271-2365

2. Source of water: Unnamed Spring
Tributary to: Smith 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: April 1885
b) Date water use development first initiated: April 1885
c) Name of party who initiated development: Joshua Abbott

5. Amount of water claimed: .2 CFS, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
09 Sections, Township 21 N/S, Range 11 E/W.
____ Sections, Township ____ N/S, Range ____ E/W.
(Attach additional pages if necessary)

7. Usual period of use: Jan 1 / 1 to Dec 1 / 31
month day month day

8. Remarks: Since this homestead certificate assigns forever any vested and accrued water rights we do not feel that we need pay this fee. We believe it should be refunded.

9. Total fees submitted with claim: \$200

Notarized Statement Signed by Claimant.

STATE OF OREGON)
: SS
County of DOUGLAS)

I, GENE C ABBOTT & MAHEL ABBOTT, 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.

Gene C Abbott, Mahel Abbott
Signature of Claimant

Signed and attested before me this 24 day of Dec, 19 92



Christy L Schaffer
NOTARY PUBLIC for the State of Oregon
My commission expires: 06-03-95

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____