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WATER RESOURCES DEPT
SACRAMENTO, CALIF.

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

**SURFACE WATER REGISTRATION STATEMENT
PRE-1909 VESTED WATER RIGHT CLAIM**

1. Name of Registrant: SAMUEL W. LEE
Mailing Address: 5899 North Bank Road
Roseburg, Oregon 97470 Telephone No: 503/673-9756

2. Source of water: an un-named stream, tributary to North Umpqua River, and
North Umpqua River, tributary to 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: MAY 1869
b) Date water use development first initiated: UNKNOWN
c) Name of party who initiated development: FENDELL SUTHERLIN

5. Amount of water claimed: 0.005, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
11 Sections, Township 26 /S, Range 5 /W.
_____ Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)

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

8. Remarks: _____

9. Total fees submitted with claim: _____ \$200

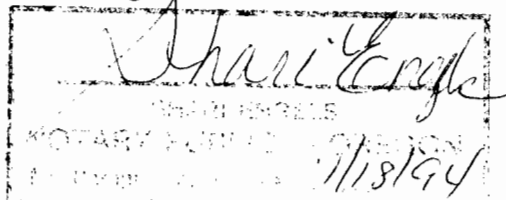
Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Douglas) : ss

I, Samuel W. Lee, 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.

Samuel W. Lee
Signature of Claimant

Signed and attested before me this 22nd day of December, 19 92



Shari Engel
NOTARY PUBLIC for the State of Oregon
My commission expires: 4/18/94

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

Certified Water Right Examiner

Name: James F. Gosson CWRE#: 54

Address: 580 S. State St. Sutherlin, Oregon 97479

Telephone: 503/459-2243