

RECEIVED

DEC 29 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: FRED J. & CHARLOTTE J. MAZE  
Mailing Address: P.O. BOX 445  
NORTH BEND OR 97459 Telephone No: 756 5786
  
2. Source of water: UNAMED STREAMS  
Tributary to: NORTH INLET THEN COOS BAY
  
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: 1878  
b) Date water use development first initiated: \_\_\_\_\_  
c) Name of party who initiated development: \_\_\_\_\_
  
5. Amount of water claimed: 0.005, in CFS or GPM  
(Water put to beneficial use)
  
6. Location of place of use:  
12 Sections, Township 24 N/S, Range 13 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: CATTLE + SHEEP WATERING OUT OF STREAMS  
SINCE 1878

9. Total fees submitted with claim: \$ 200.00

Notarized Statement Signed by Claimant.

STATE OF OREGON )  
 )  
 ) : ss  
County of Cross )

Feid J. Maze  
I, Charlotte J. Maze, 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.

Feid J. Maze  
Charlotte J. Maze  
Signature of Claimant

Signed and attested before me this 28<sup>th</sup> day of December, 1992

Marian St. Angelo  
NOTARY PUBLIC for the State of Oregon  
My commission expires: 5-4-94

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

Certified Water Right Examiner

Name: \_\_\_\_\_ CWRE#: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_