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WATER RESOURCES DIV.
SALEM, OREGON

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

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

1. Name of Registrant: Estate of Kenneth O. Laird
Mailing Address: c/o Martin E. Stone, Attorney at Law, P.O. Box 158
Coquille, Oregon 97423 Telephone No: 396-3171

2. Source of water: Coquille River - South Fork
Tributary to: _____

3. Purpose(s) for which water is used: Stock / Domestic
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: _____

4. Priority Date
a) Date of first use: 1863
b) Date water use development first initiated: 1863
c) Name of party who initiated development: Benjamin C. Shull

5. Amount of water claimed: .015, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
28,29,32,33,36 Sections, Township 29 ~~N~~/S, Range 12 ~~E~~/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:** Water from the south fork of the Coquille River has been continuously used since 1863 for domestic and livestock purposes. The property has been used as a dairy ranch and for grazing. Prior owners include Benjamin C. Shull, Shorty Shull and Kenneth Laird. Laird died on 12/12/88. His estate is being probated in Coos County, Oregon.

9. Total fees submitted with claim: \$400

Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : ss
County of Coos)

I, Calvin Laird, 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.

x Calvin Laird
Signature of Claimant Personal Representative

Signed and attested before me this 24th day of December, 1992

Martin E Stone
NOTARY PUBLIC for the State of Oregon
My commission expires: 3-20-94

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____