

STATE OF OREGON
WATER RESOURCES DEPARTMENT

SURFACE WATER REGISTRATION STATEMENT
PRE-1909 VESTED WATER RIGHT CLAIM

1. Name of Registrant: R-Y TIMBER, INC.
Mailing Address: P.O. Box 818
Joseph, OR 97846 Telephone No: 503/432-2911

2. Source of water: SPRINGS/CREEK
Tributary to: WEST BEAR CREEK

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: 1887 - Homestead Date
 - b) Date water use development first initiated: 1900
 - c) Name of party who initiated development: James Madison Fordice

5. Amount of water claimed: 31, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
17, 20, 32 Sections, Township 6 N/S, Range 44 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: ENCLOSURES: Notarized statement from Samual D. Cole; Copies of Maps; Water Measurements

9. Total fees submitted with claim: \$150.00

Notarized Statement Signed by Claimant.

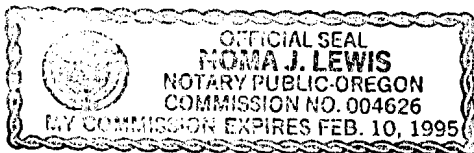
STATE OF OREGON)
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County of Wallowa)

I, Dave Shriner, 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.

Dave Shriner

Signature of Claimant

Signed and attested before me this 28th day of December, 19 92



Norma J. Lewis
NOTARY PUBLIC for the State of Oregon
My commission expires: 2-10-95

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____