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WATER RESOURCES DERT SALEM, OREGON

STATE OF OREGON WATER RESOURCES DEPARTMENT

SURFACE WATER REGISTRATION STATEMENT PRE-1909 VESTED WATER RIGHT CLAIM

| 1. | Name of Registrant: R.H. MAST |
|------|--|
| | Mailing Address: 19678 LOWER SMITH RIVER ROAD |
| | REEDSPORT, OR 97467 Telephone No: (503)271-3413 |
| 2. | Source of water: CASSADY CREEK AND UNNAMED CREEK and SPRING |
| | Tributary to:SMITH 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 1876 |
| | b) Date water use development first initiated: <u>JANUARY 1876</u> |
| | c) Name of party who initiated development: WILLIAM REED |
| 5. | Amount of water claimed: 1.8 GPM , in CFS or GPM |
| | (Water put to beneficial use) |
| , | To a time of all and of annual and annual annual and annual an |
| 0 | Location of place of use: 10 Sections, Township 21 N(S)Range 11 E(W) |
| | Sections, Township TV_S, Range IT EVV. |
| | 11 Sections, Township21_ N/S, Range _11 E/W |
| | (Attach additional pages if necessary) |
| 7 | Henry period of user and / 01 / 01 (Year around) |
| 1. | Usual period of use: 01 / 01 to 01 / 01 (Year around) month day |
| | |

| SEPARATI | E COVER. |
|----------------------------|--|
| | |
| | |
| | |
| 9 Total foos submitted | with claim: \$200.00 |
| 9. Total lees submitted | With Claim. 7200:00 |
| | |
| Notarized Statement S | igned by Claimant. |
| OT 1 TO 07 07 07 00 1 | |
| STATE OF OREGON |) |
| County of LANE | : ss |
| Country of CHASE | ······································ |
| | |
| I. R. H. MAS | , having been duly sworn, |
| | and being the claimant of the existing surface |
| | herein, have read the contents of this claim and |
| | rledge all of the matters stated herein |
| are true and correct. | and or the minimum states and |
| | N 00 0 00 1 |
| | K. H. Mask |
| | Signature of Claimant |
| | 0289 |
| Signed and attested before | ore me this 33 RD day of DECEMBER, 1992 |
| | Joyce Lokey |
| | |
| JOYCE LOKEY | NOTARY PUBLIC for the State of Oregon |
| NOTARY PUBLIC - OREGON | My commission expires: 7-2-93 |
| Commission Expires | |
| | |
| THE FORM MILET P | BE ACCOMPANIED BY A MAP PREPARED BY A |
| | RIGHT EXAMINER (CWRE). |
| OLKIIIILD WAILK | MIGHT EARMINER (GWNE). |
| | Certified Water Right Examiner |
| | Certified Water Right Examiner |
| | Name: EUGENE M. WOBBE CWRE#: 225 |
| | THE TOTAL TO THE CONTRACT OF THE PARTY OF TH |
| | Address: 510 KINGWOOD STREET, FLORENCE |
| | |
| | Telephone: (503) 997-8411 |