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WATER RESOURCES
SALEM, OREGON

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

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

1. Name of Registrant: ELIZABETH J. MAST
Mailing Address: 19678 LOWER SMITH RIVER ROAD
REEDSPORT, OR 97467 Telephone No: (503)271-3413

2. Source of water: UNNAMED CREEK
Tributary to: SMITH RIVER

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

4. Priority Date
 - a) Date of first use: MAY 1889
 - b) Date water use development first initiated: APRIL 1869
 - c) Name of party who initiated development: JOHN COWAN

5. Amount of water claimed: 0.5 GPM, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
33 Sections, Township 20 N/S Range 10 E/W.
4 Sections, Township 21 N/S Range 10 E/W.
(Attach additional pages if necessary)

7. Usual period of use: 01 / 01 to 01 / 01 (Year Around)
month day month day

8. Remarks: DOCUMENTATION INFORMATION WILL BE SENT UNDER
SEPARATE COVER.

9. Total fees submitted with claim: \$400.00

Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : ss
County of DOUGLAS)

I, Elizabeth J. Mast, 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.

Elizabeth J. Mast
Signature of Claimant

Signed and attested before me this 29th day of December, 19 92

Janella Stauffer
NOTARY PUBLIC for the State of Oregon
My commission expires: 3-21-93



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

Certified Water Right Examiner

Name: EUGENE M. WOBBE CWRE#: 225

Address: 510 KINGWOOD STREET, FLORENCE

Telephone: (503) 997-8411