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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: Ruth Roberts
Mailing Address: 643 4th St #A Myrtle Point
ORF 97458 Telephone No: 572-5493
2. Source of water: North Fork
Tributary to: Coquille River
3. Purpose(s) for which water is used: Stock water
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: _____
4. Priority Date
a) Date of first use: Dec 5 1902
b) Date water use development first initiated: Dec 5 1902
c) Name of party who initiated development: HOWARD F McNAIR
5. Amount of water claimed: .005, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
11 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 1 to Dec 1 31
month day month day

8. Remarks: CWRE MAP AND FURTHER INFORMATION
REQUIRED TO FOLLOW

9. Total fees submitted with claim: \$200

Notarized Statement Signed by Claimant.

STATE OF OREGON)
: ss
County of _____)

I, Ruth Roberts, 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.

Ruth Roberts
Signature of Claimant

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



Wendy S Peart
NOTARY PUBLIC for the State of Oregon
My commission expires: 2-2-95

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

Certified Water Right Examiner

Name: Russ Dodge CWRE#: 41

Address: 375 PARK AVE COOS BAY ORE 97420

Telephone: (503) 269-1166