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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: DON L. JACKSON
Mailing Address: 2683 SCOTTS VLY. RD. YONCALLA, OR. 97499
Telephone No: 849-2404
2. Source of water: SPRING
Tributary to: SCHOOLHOUSE CR. / UMPQUA RIVER
3. Purpose(s) for which water is used: DOMESTIC
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: _____
4. Priority Date
a) Date of first use: 6/5/1902
b) Date water use development first initiated: 6/5/1902
c) Name of party who initiated development: M. R. PARKS
5. Amount of water claimed: 7 1/2 GPM, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
33 Sections, Township 22 ~~N~~^S Range 04 ~~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: INCLUDED ARE 1-check for \$200.00,
1-WATER RIGHTS SURVEY, 1-NOTORIZED TESTIMONY FROM
FREDA JO LONG, 1-NOTORIZED TESTIMONEY FROM PEARL LUNNEY,
2-NOTORIZED TESTIMONEYS FROM DON L. JACKSON,
1-2 PAGE LAND INFORMATION USE FORM, 1-M.R. PARKS DEED TRANSFER.

9. Total fees submitted with claim: \$ 200.00

Notarized Statement Signed by Claimant.

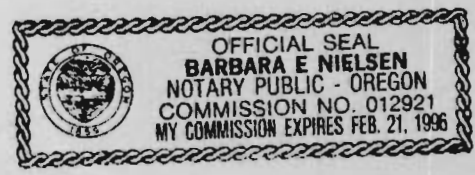
STATE OF OREGON)
) : ss
County of DOUGLAS)

I, DON L. JACKSON, 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.

Don L. Jackson
Signature of Claimant

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

Barbara E. Nielsen
NOTARY PUBLIC for the State of Oregon
My commission expires: 2-21-96



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



Certified Water Right Examiner
Name: ROBERT E. FINDORFF CWRE#: 272
Address: 806 N. 9TH, COTTAGE GROVE, OR 97424
Telephone: 503-942-0126