

RECEIVED

DEC 30 1992

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: Irene M. Black
Mailing Address: 27277 Lower Smith River Road
Reedport, Or, 97467 Telephone No: 271-5272

2. Source of water: Spring
Tributary to: Little Black Creek

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: 1881
b) Date water use development first initiated: 1950
c) Name of party who initiated development: Family

5. Amount of water claimed: 1050 gal/day stock water
01 Domestic, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
31 Sections, Township 202 N/S, Range 9 E/W.
____ Sections, Township ____ N/S, Range ____ E/W.
(Attach additional pages if necessary)

7. Usual period of use: Jan / 1 to Dec / 31
month day month day

8. Remarks: The Fifty - Trophe Road was establd in 1881 and there's been other living there since we bought it in 1972 but it was people living there since 1881

9. Total fees submitted with claim: check no 1965 - \$230⁰⁰/₁₀₀

Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Coos) : ss

I, Irene M. Black, 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.

Irene M. Black
Signature of Claimant

Signed and attested before me this 29th day of Dec., 1992



Joyce E. Stuntzner
NOTARY PUBLIC for the State of Oregon
My commission expires: 11/24/95

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

Certified Water Right Examiner

Name: Harvey Wilcox CWRE#: 142

Address: P.O. Box 118 Coos Bay, OR

Telephone: 267-2872