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DEC 3 0 1992

WATER RESOURCE - 1

STATE OF OREGON WATER RESOURCES DEPARTMENT

SURFACE WATER REGISTRATION STATEMENT PRE-1909 VESTED WATER RIGHT CLAIM

 Name of Registra Mailing Address: 	nt: TIMOTE 09144 Hv	THY V. and PATRICIA C. SMITH Hwy 126
FLORENCE, OR	97439	Telephone No: (503) 997-7262
2. Source of water:	UNNAMED	SPRING
Tributary to:	SIUSLAW	RIVER
(Irrigation, Sto	ckwater, Dom	s used:DOMESTIC INCLUDING LAWN AND GARDER mestic, Hydroelectric power, Industrial, Etc.) LESS THAN acres irrigated:
4. Priority Date a) Date of first us b) Date water us	se: <u>1888</u>	May 16 nent first înitiated: 1888 May 16
c) Name of party	who initiat	ated development:
5. Amount of water		0.01 CFS , in CFS or GFM ter put to beneficial use)
6. Location of place		ship 18 N/S, Range 11 E/W.
		ship N/S, Range E/W. anal pages if necessary)
7. Usual period of u	se: 01 month	day day to 01 / 01 (YEAR AROUND)

9. Total fees submitted with	n claim: \$230.00
Notarized Statement Signe	ed by Claimant.
STATE OF OREGON)
	: SS
County of Lane)
depose and say that L and	, having been duly sworn, being the claimant of the existing surface
depose and say that I, and water right described herei	being the claimant of the existing surface in, have read the contents of this claim and ge all of the matters stated herein Signature of Claimant
depose and say that I, and water right described herei to the best of my knowledge	being the claimant of the existing surface in, have read the contents of this claim and ge all of the matters stated herein Signature of Claimant
depose and say that I, and water right described herei to the best of my knowledg are true and correct.	being the claimant of the existing surface in, have read the contents of this claim and ge all of the matters stated herein Limoty Usual Patricia C. Smith Signature of Claimant me this 29th day of December , 19 92 Sherry J. Sand Jessler
depose and say that I, and water right described herei to the best of my knowledg are true and correct.	being the claimant of the existing surface in, have read the contents of this claim and ge all of the matters stated herein Signature of Claimant

Certified Water Right Examiner

Name: EUGENE M. WOBBE CWRE#: 225

Address: PO BOX 1136 (SIO KINGWOOD ST)
FLORENCE, OR 91439

Telephone: 503 - 997 - 8411