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DEC 3 0 1992

WATER RESOURCES DEPT. SALEM, OREGON

STATE OF OREGON WATER RESOURCES DEPARTMENT

SURFACE WATER REGISTRATION STATEMENT PRE-1909 VESTED WATER RIGHT CLAIM

110	Address: 600 NORTH WAY
NORTH	BEND, OREGON 97459 Telephone No: (503) 756-2029
2. Source o	of water: NORTH SLOUGH CREEK AND OTHER UNNAMED CREEKS
Tributar	y to: coos bay and north slough
3. Purpose(:	s) for which water is used: STOCKWATER(100 head cattle) & IRRIGATI
•	gation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation	on, total number of acres irrigated:
4. Priority	Date Date
	of first use: MAY 2, 1877
	water use development first initiated: DECEMBER 22,1883 e of party who initiated development: PETER BEAR
C) IVAIII	of party who initiated development. TELEN BEAR
5. Amoun	t of water claimed: 0.38 , in CFS or GPM
	(Water put to beneficial use)
6. Location	n of place of use:
12	Sections, Township 24 M/S, Range 13 M/W.
	Sections, Township N/S, Range E/W.
	Sections, Township N/S, Range E/W. (Attach additional pages if necessary)
7. Houst-	(Attach additional pages if necessary)
7. Usual po	

	MAP, COPIES OF ASSESSORS RECORDS ROM G. WILLIS PETERSON.
9. Total fees submitted with	n claim. dasa aa
. Total lees submitted with	1 Claim\$200.00
Notarized Statement Signe	ad by Claimant
Tvotarized Statement Signe	to by Claimant.
STATE OF OREGON)
County of Coas	: ss
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, HARRY C. DAVIS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
denose and say that I and	having been duly sworn, being the claimant of the existing surface
water right described here	in, have read the contents of this claim and
to the best of my knowledge	ge all of the matters stated herein
are true and correct.	
	Have CDavis Victoria & Da
	Signature of Claimant
Samed and attacked before	me this 28th day of Warenber, 19 92
signed and attested before i	me this 28 day or Wholen the 19 9/2
OCCUPAL SCAL	Jally & Jones
NOTARY PUBLIC - CREGON	NOTARY PUBLIC for the State of Oregon
COMMISSION NO. 006514 NY GOLDEN NO. 006514 NY GOLDEN NO. 006514	My commission expires: $5-5-95$
	ACCOMPANIED BY A MAP PREPARED BY A SHT EXAMINER (CWRE).
	Certified Water Right Examiner
1	Name:CWRE#:
The state of the s	Address:
	Telephone:
	4 CAC DAIDAICA