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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: James Barclay Boyd
Mailing Address: P.O. Box 1273
Bandon, OR 97411 Telephone No: 347-2742
2. Source of water: Two Mile Creek & Unnamed Spring
Tributary to: Pacific Ocean Tributary of
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: 1898
b) Date water use development first initiated: 1894
c) Name of party who initiated development: M. W. Kennedy
5. Amount of water claimed: 1 CFS, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
19 Sections, Township 29 N/S, Range 14 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: State and Federal Tax returns
available for verification of stock
use from 1977 to present.
(15 enclosures plus check.)

9. Total fees submitted with claim: \$ 200

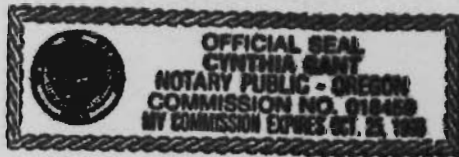
Notarized Statement Signed by Claimant.

STATE OF OREGON)
)
) : ss
County of Cook)

I, James B. Boyd, 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.

James B Boyd
Signature of Claimant

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



Cynthia Sant
NOTARY PUBLIC for the State of Oregon
My commission expires: 10-25-96

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____