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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: Harold M. Hancock
Mailing Address: 136A Sitkum Rt.
Myrtle Point, OR 97458 Telephone No: 503/572-3477

2. Source of water: East fork of Brummit Creek (aka Joe Colombo Creek)
Tributary to: North fork of Coquille River

3. Purpose(s) for which water is used: Irrigation, Stockwater, Domestic
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 30

4. Priority Date
 - a) Date of first use: May 3, 1905
 - b) Date water use development first initiated: April 10, 1905
 - c) Name of party who initiated development: _____

5. Amount of water claimed: 30 GPM, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
02, 11 Sections, Township 28 N/S, Range 10 E/W.
11 Sections, Township 28 N/S, Range 10 E/W.
(Attach additional pages if necessary)

7. Usual period of use: May / 1 day to Oct / 30 day
month day month day

8. Remarks: Item 4c will be submitted at a later date together with additional evidence of continuous use. Also to be submitted at a later date will be map prepared by a CWRE. It is impossible to provide CWRE prepared map prior to 12/31/92 as all CWREs identified by Coos County Water Master are unavailable to prepared required maps at this time. Enclosed herewith is title company map showing location of use.

9. Total fees submitted with claim: \$460.00

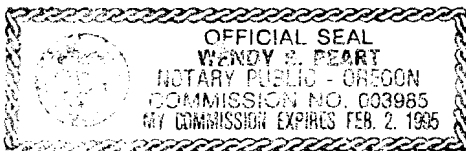
Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of COOS) : ss

I, Harold M Hancock, 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.

Harold M Hancock
Signature of Claimant

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



Wendy S Peart
NOTARY PUBLIC for the State of Oregon
My commission expires: 2-2-95

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____