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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 S.B. Smith and/or L. Sue Powrie-Smith  
Mailing Address: h.C. 85 Box 23  
Myrtle Point, OR 97458 Telephone No: 572-5362

2. Source of water: Middle Fork of the Coquille River  
Tributary to: Coquille River

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

4. Priority Date  
a) Date of first use: prior to May 24, 1867  
b) Date water use development first initiated: prior to May 24, 1867  
c) Name of party who initiated development: A. Hoffmann

5. Amount of water claimed: .004, in CFS or ~~GRM~~  
(Water put to beneficial use)

6. Location of place of use:  
27 Sections, Township 29 N/S, Range 12 E/W.  
         Sections, Township          N/S, Range          E/W.  
(Attach additional pages if necessary)

7. Usual period of use: 01 / 01 to 12 / 31  
month day month day

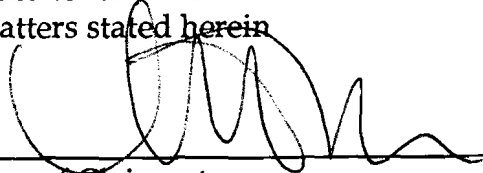
8. Remarks: Supplimental information available at a later date.  
If further details are needed, please contact at (503) 572-5362.

9. Total fees submitted with claim: \$200.00 stockwatering, \$200.00 domestic

Notarized Statement Signed by Claimant.

STATE OF OREGON )  
 ) : ss  
County of Coos )

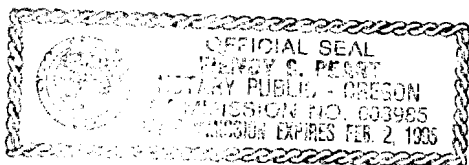
I, L.S. Powrie-Smith, having been duly sworn,  
depose and say that I, and being the claimant of the existing surface  
water right described herein, have read the contents of this claim and  
to the best of my knowledge all of the matters stated herein  
are true and correct.



\_\_\_\_\_  
Signature of Claimant

Signed and attested before me this 28<sup>th</sup> day of December, 19 92

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: Forest Hales CWRE#: 059

Address: 1490 North Ivy Coquille, OR 97423

Telephone: (503) 396-2596