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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: DEE MOREY
Mailing Address: HC 83 BOX 2220
COQUILLE, OR 97423 Telephone No: (503) 572-3020

2. Source of water: NORTH FORK COQUILLE RIVER
Tributary to: COQUILLE RIVER

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: 1906
b) Date water use development first initiated: 1906
c) Name of party who initiated development: ISAAC CHANDLER

5. Amount of water claimed: .0005, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
14 Sections, Township 28 N(S) Range 12 E(W)
11 Sections, Township 28 N(S) Range 12 E(W)
(Attach additional pages if necessary)

7. Usual period of use: 1 / 1 / 1 to 12 / 31
month day month day

8. Remarks: DOCUMENTATION OF EVIDENCE
OF CONTINUOUS WATER USE WILL FOLLOW
AT A LATER DATE

9. Total fees submitted with claim: \$200⁰⁰

Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Coos) : ss

I, Dee Morey, 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.

Dee Morey
Signature of Claimant

Signed and attested before me this 29th day of December, 19 92

Michelle Horlacher
NOTARY PUBLIC for the State of Oregon
My commission expires: 3-29-96



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

Certified Water Right Examiner

Name: L. COLEBANK CWRE#: _____

Address: _____

Telephone: _____