

STATE OF OREGON
WATER RESOURCES DEPARTMENT

**SURFACE WATER REGISTRATION STATEMENT
PRE-1909 VESTED WATER RIGHT CLAIM**

1. Name of Registrant: JAMES P. PYNCH & BONNIE B. PYNCH
Mailing Address: 17758 Dixonville Road, Roseburg, Oregon 97470
Telephone No: 672-1944

2. Source of water: South Fork Deer Creek and Springs
Tributary to: South Umpqua River

3. Purpose(s) for which water is used: Stock and Domestic, Expanded
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: (Domestic = 0.5 acre)

4. Priority Date
a) Date of first use: 1900
b) Date water use development first initiated: 1899
c) Name of party who initiated development: Unknown

5. Amount of water claimed: 0.025, in CFS or ~~GPM~~
(Water put to beneficial use)

6. Location of place of use:
Sections 25 & 26 ~~Sections~~ Township 27S ~~N/S~~, Range 5W ~~E/W~~
Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)

7. Usual period of use: January 1 to December 31
month day month day

8. Remarks: See attached 8. Remarks, continued.
Also enclosed are deeds, photos, maps and a check.
3 affidavits.

9. Total fees submitted with claim: \$400.00

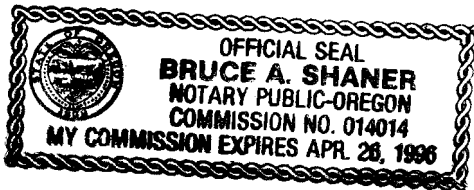
Notarized Statement Signed by Claimant.

STATE OF OREGON)
: ss
County of DOUGLAS)

James P. Pynch
I, & Bonnie B. Pynch, 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 P. Pynch x Bonnie B. Pynch
Signature of Claimant

Signed and attested before me this 26th day of December, 1992



Bruce A. Shaner
NOTARY PUBLIC for the State of Oregon
My commission expires: Apr. 26, 1996

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

Certified Water Right Examiner

Name: Bruce A. Shaner CWRE#: 118

Address: P.O. Box 1430, Roseburg, Oregon 97470

Telephone: 672-4074