UTC \$ 1 1592

STATE OF OREGON WATER RESOURCES DEPARTMENT

SURFACE WATER REGISTRATION STATEMENT PRE-1909 VESTED WATER RIGHT CLAIM

1 Name of Registrant	Sonja L. Lindbloom	& Carol L. Hamlin
Mailing Address: _		eburg, Oregon 97470
		phone No: <u>672-4464</u>
	North Umpqua River	
Tributary to:	Umpqua River	
(Irrigation, Stocki	water is used: Irrigation water, Domestic, Hydroelectric powmber of acres irrigated: 70	
4. Priority Datea) Date of first useb) Date water use ofc) Name of party water	1900 levelopment first initiated:18 who initiated development:1	Dixon Family Tive
5 Amount of water of	laimed: 0.90 ,in (CFSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
J. Alliount of water c	(Water put to beneficial use)	NSE
And in Hiram Di Sec. 23 Section		m No. 41, T26S, R5W
7. Usual period of use	April /1 to October month day month	er/_31 hday
Domestic	= January 1 thru Decemb	

8. Remarks: Please see attached statement including additional data.		
Also enclosed are pictures, affidavits, deeds and check.		
9 Total fees submitted with claim: \$342.00		
9. Total fees submitted with claim: \$\frac{\$342.00}{}\$		
Notarized Statement Signed by Claimant.		
STATE OF OREGON)		
: ss County ofDOUGLAS)		
Sonja L. Lindbloom I, <u>f Carol L. Hamlin</u> , 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 15th day of December, 1992		
Carale Blatter		
CAROLER BLATTER NOTARY PUBLIC for the State of Oregon NOTARY PUBLIC for the State of Oregon		
My commission expires: 3/29/1966 My commission expires: 3/29/1966		
TUIC FORM MICH OF SCOMMENTED BY S MAD DONAGOND BY S		
THIS FORM MUST BE ACCOMPANIED BY A MAP PREPARED BY A CERTIFIED WATER RIGHT EXAMINER (CWRE).		
Certified Water Right Examiner		
Name: Brue Shaver CWRE#: 118		
Address: 10. Box 1430, Roseburg, OR 97490		
Telephone: 672-4074-		