

STATE OF OREGON
WATER RESOURCES DEPARTMENT

SURFACE WATER REGISTRATION STATEMENT
PRE-1909 VESTED WATER RIGHT CLAIM

1. Name of Registrant: MALIC Klamath MARTIN Spratt
Mailing Address: 8577 LOGSDEN ROAD
BLODGETT ORE. 97326 Telephone No: 444-2236
2. Source of water: Spring & Rock Creek
Tributary to: Siletz River
3. Purpose(s) for which water is used: Stock water, Domestic
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: _____
4. Priority Date
a) Date of first use: Before 1894
b) Date water use development first initiated: 1894
c) Name of party who initiated development: Klamath Charlie
5. Amount of water claimed: 0.01, in CFS or ~~GPM~~
(Water put to beneficial use)
6. Location of place of use:
2 Sections, Township 10 N/S, Range 9 E/W.
_____ Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)
7. Usual period of use: JAN 1 to Dec 1
month day month day

8. Remarks: MARIE KLAMATH IS A GRAND DAUGHTER OF KLAMATH CHARLIE,
THE ORIGINAL SILETZ INDIAN ALLOTEE OF THE PROPERTY. THE FAMILY
HAS OCCUPIED THE ALLOTMENT SINCE IT WAS ASSIGNED PRIOR TO 1894

9. Total fees submitted with claim: \$ 30.00

Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : SS
County of LINCOLN)

I, MARIE KLAMATH, 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.

Marie Klamath
Signature of Claimant

Signed and attested before me this 30th day of Dec., 1992

Jacques Dapts
NOTARY PUBLIC for the State of Oregon
My commission expires: 9-30-93

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

Certified Water Right Examiner

Name: James M. Dainson CWRE#: #037

Address: P.O. Box 518 Toledo, OR 97395

Telephone: 336-5539