

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

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

1. Name of Registrant: JO ANN MILLER (FOR HEIRS OF MAE DOWNEY)
Mailing Address: 4645 LOGSDEN ROAD
LOGSDEN OREGON 97357 Telephone No: 444-2204
2. Source of water: BAKER CREEK
Tributary to: SILETZ RIVER
3. Purpose(s) for which water is used: ~~DOMESTIC~~ IRRIGATION OF SMALL
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.) GARDEN
If irrigation, total number of acres irrigated: _____
4. Priority Date
a) Date of first use: PRIOR TO 1894
b) Date water use development first initiated: 1894
c) Name of party who initiated development: JOHN & MARTHA ADAMS
5. Amount of water claimed: 0.01, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
1 Sections, Township 10 ~~N~~^{XX}/S, Range 10 ~~E~~^{XX}/W.
____ Sections, Township ____ N/S, Range ____ E/W.
(Attach additional pages if necessary)
7. Usual period of use: JAN / 1 to DEC / 31
month day month day

8. Remarks: PORTION OF FORMER ALLOTMENT LANDS ASSIGNED TO
THE JOHN ADAMS FAMILY PRIOR TO 1894

9. Total fees submitted with claim: \$ 30.00

Notarized Statement Signed by Claimant.

STATE OF OREGON)
: ss
County of LINCOLN)

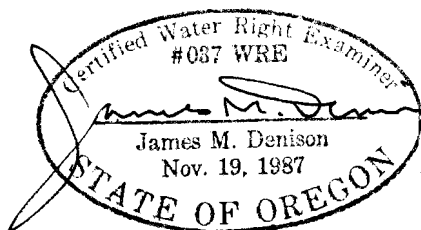
I, JO ANN MILLER, having been duly sworn,
depose and say that I, and being the claimant of the existing surface
water right described herein, have read the contents of this claim and
to the best of my knowledge all of the matters stated herein
are true and correct.

Jo Ann Miller
Signature of Claimant

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

James M. Denison
NOTARY PUBLIC for the State of Oregon
My commission expires: 8-20-93

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



Certified Water Right Examiner

Name: James M. Denison CWRE#: 037

Address: P.O. Box 518 Toledo, Ore. 97391

Telephone: 336-5539