

CWRE MAP WILL BE
ARRIVING IN ABOUT
1 week.

@ Jan 7th

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

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

1. Name of Registrant: PAULINE RICKS
Mailing Address: GENERAL DELIVERY
Siletz, OR 97380 Telephone No: _____
2. Source of water: Spring
Tributary to: Siletz River
3. Purpose(s) for which water is used: Domestic
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
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: Prior to 1894
c) Name of party who initiated development: King Riparian LENA Riparian
5. Amount of water claimed: 0.01, in CFS or
(Water put to beneficial use)
6. Location of place of use:
32 Sections, Township 9 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 / 31
month day month day

8. Remarks: CLAIMANT IS DESCENDANT OF ORIGINAL SILVER TUBIAN
ALLIANCE, ASSIGNED THIS LAND DEED TO 1894

9. Total fees submitted with claim: \$ 30.00

Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : SS
County of Lincoln)

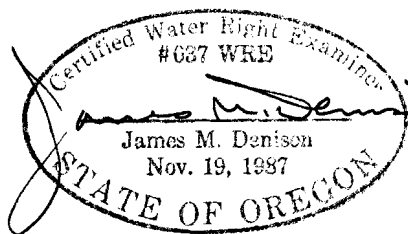
I, Pauline Ricks, having been duly sworn,
depose and say that I, and being the claimant of the existing surface
water right described herein, have read the contents of this claim and
to the best of my knowledge all of the matters stated herein
are true and correct.

Pauline N. Ricks
Signature of Claimant

Signed and attested before me this 30th day of Dec, 19 92

Jacques Boydston
NOTARY PUBLIC for the State of Oregon
My commission expires: 9-30-92

**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