

RECEIVED

DEC 31 1992

WATER RESOURCES DEPT.
SALEM, OREGON

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

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

1. Name of Registrant: TRUST A
Mailing Address: P. O. Box 578, Drain, Oregon 97435
Telephone No: 836-2144

2. Source of water: Jack Creek
Tributary to: Elk Creek

3. Purpose(s) for which water is used: Stockwater
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: N/A

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: 0.01, in CFS or ~~GRM~~
(Water put to beneficial use)

6. Location of place of use: (McDOUGALL)
Section 2 ~~Sections~~, Township 22S ~~N/S~~, Range 6W ~~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: Please see attached 8. Remarks, continued.
Also enclosed are maps, photos, affidavits, deeds
and check.

9. Total fees submitted with claim: \$200.00

Notarized Statement Signed by Claimant.

STATE OF OREGON)
: ss
County of DOUGLAS)

RECEIVED

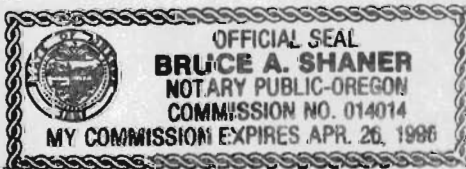
DEC 31 1992

WATER RESOURCES DEPT.
SALEM, OREGON

I, DONNA P. WOOLLEY, 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.

Donna P. Woolley
Signature of Claimant

Signed and attested before me this 28th day of December, 1992



Bruce A. Shaner
NOTARY PUBLIC for the State of Oregon
My commission expires: April 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