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OCT 25 1981

WATER RESOURCES DEPT.
SALMON, OREGON

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

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

1. Name of Registrant: Jean Loosley
Mailing Address: 245 Carriage Lane
Roseburg, Oregon 97470 Telephone No: 673-8493

2. Source of water: unnamed streams / springs
Tributary to: Summer Lake

3. Purpose(s) for which water is used: irrigation / domestic
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 40.31

4. Priority Date
a) Date of first use: 1890
b) Date water use development first initiated: 1890
c) Name of party who initiated development: C. C. Harris

5. Amount of water claimed: 1.01, in CFS or ~~MGD~~
(Water put to beneficial use)

6. Location of place of use:
3 Section N, Township 31 S, Range 16 E / W.
_____ Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)

7. Usual period of use: 4 / 1 to 9 / 30
month day month day

8. Remarks: Please refer to the attached map.

Previous filing under Permit 41530. *File No 53739*

9. Total fees submitted with claim: (40.31) x \$2.00 = \$80.62

(\$282-)
see

Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : ss
County of *Douglas*)

I, *Jean Gosley*, 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.

Jean Gosley
Signature of Claimant

Signed and attested before me this *23rd* day of *October*, 19 *91*

Faye L. Corn
NOTARY PUBLIC for the State of Oregon
My commission expires: *3-31-93*

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

Certified Water Right Examiner

Name: Darryl J. Anderson CWRE#: 005

Address: Anderson Engineering & Surveying
P.O. Box 28 618 South 1st Street

Lakeview, OR 97630
Telephone: (503) 947-4407