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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: BLANCH WELTZHEIMER  
Mailing Address: HCR3 Box 2141  
COQUILLE, OR, 97423 Telephone No: 572-2084

2. Source of water: UNNAMED STREAM (REACH OF RIVER)  
Tributary to: NORTH FORK COQUILLE RIVER  
and NORTH FORK COQUILLE RIVER (REACH OF RIVER)

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

4. Priority Date  
a) Date of first use: \_\_\_\_\_  
b) Date water use development first initiated: \_\_\_\_\_  
c) Name of party who initiated development: \_\_\_\_\_

TO CONFORM TO PROOF  
SEE REMARKS

5. Amount of water claimed: 0.005\*, in CFS or GPM  
(Water put to beneficial use)

6. Location of place of use:  
15 Sections, Township 28 N/S, Range 12 E/W. W. M.  
\_\_\_\_ Sections, Township \_\_\_\_ N/S, Range \_\_\_\_ E/W.  
(Attach additional pages if necessary)

7. Usual period of use: Jan / 1 / 1 to Dec / 1 / 31  
month day month day

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8. Remarks: ACCESS TO COOS COUNTY RECORDS  
SCHEDULED BY APPOINTMENT FOR JAN. 7, 1993  
AT 1 P.M.

9. Total fees submitted with claim: two hundred dollars (\$200.00)

Notarized Statement Signed by Claimant.

STATE OF OREGON )  
: ss  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, 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.

Blanch With him  
Signature of Claimant

Signed and attested before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

NOTARY PUBLIC for the State of Oregon  
My commission expires: \_\_\_\_\_

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

Certified Water Right Examiner

Name: \_\_\_\_\_ CWRE#: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_