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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: Hollis C. and Anna A. Mast
Mailing Address: HC 83 #2470
Coquille, OR 97423 Telephone No: 503 572-2685
2. Source of water: Unnamed Creek - North Fork Coquille River
Tributary to: North Fork of Coquille River
3. Purpose(s) for which water is used: Stock water
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: _____
4. Priority Date
a) Date of first use: 1873 on Coquille River; 1890 on unnamed creek
b) Date water use development first initiated: No development - Livestock self-help
c) Name of party who initiated development: W.A. Hatcher - first owner from
river; Wm. P. Mast for unnamed creek
5. Amount of water claimed: 2 GPM, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
1, 2 Sections, Township 28 S X/S, Range 12 W E/W.
____ Sections, Township ____ N/S, Range ____ E/W.
(Attach additional pages if necessary)
7. Usual period of use: 01 / 01 to 12 / 31
month day month day

8. Remarks: In the period previous to 1909 livestock were allowed to run free and to drink from creeks and the river. The livestock are now fenced out of streams and the water is supplied by irrigation pumps and gravity pipelines.

9. Total fees submitted with claim: \$200.⁰⁰

Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : ss
County of Coos)

I, Hollis Mast & Anna Mast, 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.

Hollis Mast Anna A. Mast
Signature of Claimant

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



Tereasa M. Westfall
NOTARY PUBLIC for the State of Oregon
My commission expires: 3-25-96

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____