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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: ERNEST G. & ARLENE F. FISHER  
Mailing Address: 855 RIVER BEND RD.  
ROSEBURG, OR 97470 Telephone No: 673-1677
2. Source of water: NORTH UMPQUA RIVER  
Tributary to: UMPQUA RIVER
3. Purpose(s) for which water is used: IRRIGATION  
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)  
If irrigation, total number of acres irrigated: 1 AC.
4. Priority Date  
a) Date of first use: 1889  
b) Date water use development first initiated: 1889  
c) Name of party who initiated development: ADAM FISHER
5. Amount of water claimed: .0125, in CFS or GPM  
(Water put to beneficial use)
6. Location of place of use:  
23 B Sections, Township 26 N/S, Range 06 E/W.  
\_\_\_\_ Sections, Township \_\_\_\_ N/S, Range \_\_\_\_ E/W.  
(Attach additional pages if necessary)
7. Usual period of use: MAY / 1 to OCT. / 31  
month day month day

8. Remarks: PROPERTY WAS PART OF 365 AC. OWNED BY ADAM FISHER,  
HAS BEEN DIVIDED OVER THE YEARS. OUR PARCEL HAS EASEMENT TO  
N. UMPQUA RIVER. SUBDIVIDED BY GEO. & DARYL BLANCK WHO USED  
RIVER WATER FOR IRRIGATION & DOMESTIC USE, CONTINUOUSLY SINCE THEY  
PURCHASED IN 1948.

9. Total fees submitted with claim: \$30<sup>00</sup>

Notarized Statement Signed by Claimant.

STATE OF OREGON )  
County of Douglas ) : ss

We, ERNEST G. AND ARLENE F. FISHER, 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.

Ernest G. Fisher  
Arlene F. Fisher  
Signature of Claimant

Signed and attested before me this 30<sup>th</sup> day of December, 19 92



Laveria Nordling  
NOTARY PUBLIC for the State of Oregon  
My commission expires: 2/2/96

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

Certified Water Right Examiner

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

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

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