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MAY 26 1993

STATE OF OREGON WATER RESOURCES DEPARTMENT

SURFACE WATER REGISTRATION STATEMENT PRE-1909 VESTED WATER RIGHT CLAIM

			MAY 26 1993
	<u>A M E N D</u>	<u>E D</u> WA	TER RESOURCES DEPT. SALEM, OREGON
WAT	STATE OF C	OREGON ES DEPARTMEN	
SURFACE WA PRE-1909		STRATION ST ATER RIGHT	
Name of Registrant: Mailing Address:	Inez Adams Livi	ng Trust Creek Road	
Drain, Oregon	97435	Telephone No: .	503/836-2581
Source of water: 6 s		y to an un-named	stream
Tributary to:	Elk Creek		
Priority Date a) Date of first use: b) Date water use deve c) Name of party who	elopment first initi	ated: <u>1862</u> nent: <u>John Al</u>	ieN
i. Amount of water clain	ned: 0.028 cfs (Water put to benef		ſ
6. Location of place of us 14 & 23 Sections, To		'S, Range <u>6W</u> E/V	W.
	ownship N/ dditional pages if nec	'S, Range E/V essary)	W.
T. Usual period of use: Usual period of use: A	an. / 1 to nonth day pril 1	Dec. / 31 month day 0ct. 31	_ domestic & stockwat

8. Remarks: The amount of water claimed is 0.028 cfs, being 0.005 cfs from
spring #1 for stockwater, 0.01 cfs from spring #2 for domestic including up to
1/2 acre of noncommercial garden or lawn with any deficiency to be made up from
spring #5, 0.01 cfs from spring #3 for domestic including up to 1/2 acre of nor
commercial garden or lawn and stockwater with any deficiency to be made up from
spring #4, and 0.003 cfs from spring #6 for stockwater.
9. Total fees submitted with claim:
Note that Continued Classes described
Notarized Statement Signed by Claimant.
STATE OF OREGON)
County of Noughas)
County of Action 7
I, Ones adams, 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.
$\alpha \qquad \alpha$
mes ledams
Signature of Claimant
10.02
Signed and attested before me this 34 th day of May, 1993
Lairie Royland
NOTA DV DI IDI IC for the Ctate of Oregon
NOTARY PUBLIC for the State of Oregon
My commission expires: 6/2/94
THIS FORM MUST BE ACCOMPANIED BY A MAP PREPARED BY A
CERTIFIED WATER RIGHT EXAMINER (CWRE).
Certified Water Right Examiner
O Company of the comp
Name: JAMES F. GOSSONCWRE#: 54
Address: 580 S. State St. Sutherlin, Oregon 97479
502/450 2242
Telephone: