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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: RICHARD B. SWANSON  
Mailing Address: P.O. BOX 682 NORTH BEND, OR.  
97459 Telephone No: (503) 267-4990
2. Source of water: HATCHERY GREEK, JOHNSON CREEK  
SPRINGS, DITCHES, UNNAMED CREEKS,  
Tributary to: TENMILE LAKE
3. Purpose(s) for which water is used: STOCKWATER AND DOMESTIC USE  
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)  
If irrigation, total number of acres irrigated: \_\_\_\_\_  
TO INCLUDE IRRIGATION OF LAWN AND GARDEN.
4. Priority Date  
a) Date of first use: 4 APRIL 1972  
b) Date water use development first initiated: 4 APRIL 1972  
c) Name of party who initiated development: NELS MONSON
5. Amount of water claimed: .01, in CFS or GPM DOMESTIC  
(Water put to beneficial use)  
.01275 CFS STOCKWATER
6. Location of place of use:  
25 Sections, Township 23 N (S) Range 12 E (W) Willamette Meridian  
36 Sections, Township 23 N (S) Range 12 E (W) Willamette Meridian  
(Attach additional pages if necessary)
7. Usual period of use: JAN / 1 to DEC / 31 DOMESTIC  
month day month day  
JAN 1 TO DEC 31 STOCKWATER

8. Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Total fees submitted with claim: \$200 DOMESTIC AND \$200 STOCK WATER  
\$400.00

Notarized Statement Signed by Claimant.

STATE OF OREGON )  
County of Coos ) : ss

I, Richard B Swanson, 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.

Richard B Swanson  
Signature of Claimant

Signed and attested before me this 28 day of December, 19 92

Christina Hankin  
NOTARY PUBLIC for the State of Oregon  
My commission expires: 2/14/93

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

Certified Water Right Examiner

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

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

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