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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: Robert L Hankins / Fontella A Hankins  
Mailing Address: 6868 Templeton Valley Road  
North Bend, Oregon 97459 Telephone No: 503-756-4573

2. Source of water: Johnson Creek  
Tributary to: Ten Mile Lake

3. Purpose(s) for which water is used: Stockwater & Irrigation  
*(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)*  
If irrigation, total number of acres irrigated: 5 acres

4. Priority Date  
a) Date of first use: 12/26/03  
b) Date water use development first initiated: 12/26/03  
c) Name of party who initiated development: William McCulloch  
450 gal per day - stockwater

5. Amount of water claimed: .13, in CFS or ~~CFS~~ - irrigation  
*(Water put to beneficial use)*

6. Location of place of use:  
36 Sections, Township 23 ~~N~~/S, Range 12 ~~E~~/W.  
         Sections, Township          N/S, Range          E/W.  
*(Attach additional pages if necessary)*

7. Usual period of use: 1/1 to 12/31 - stockwater  
5 / 1 to 9 / 1 - irrigation  
month day month day

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

9. Total fees submitted with claim: \$230.00

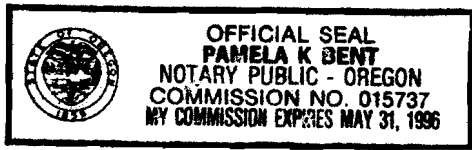
**Notarized Statement Signed by Claimant.**

STATE OF OREGON )  
 )  
: ss  
County of Coos )

Robert L. Hankins  
I, Fontella A. Hankins, 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.

Robert L. Hankins  
Fontella A. Hankins  
Signature of Claimant

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



Pamela K. Bent  
NOTARY PUBLIC for the State of Oregon  
My commission expires: May 31, 1996

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

Certified Water Right Examiner

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

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

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