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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: James G. Larsen & Evelyn P. Larsen
Mailing Address: 344 SHUTTER CREEK ROAD
NORTH BEND, OREGON 97459 Telephone No: 756-6192
2. Source of water: all springs, ditches & creeks on subject property
Tributary to: SHUTTER CREEK & TEN MILE LAKE
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: JUNE 14, 1893
b) Date water use development first initiated: JUNE 14, 1893 patent date
c) Name of party who initiated development: JOSEPH J. GAMBLE
PETER ROBERTSON
5. Amount of water claimed: .060, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
29 + 32 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: JANUARY 1 to DECEMBER 31
month day month day

8. Remarks: Water used continuously for Livestock
production since homesteaded.

9. Total fees submitted with claim: \$200.⁰⁰

Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Coos) : ss

James G. Larsen
I, Evelyn P. Larsen, 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.

James G. Larsen
Evelyn P. Larsen
Signature of Claimant

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

Antonia Hankins
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: _____