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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: David W. Hermann  
Mailing Address: P.O. Box 43  
Broadbent, OR. 97414-0043 Telephone No: 503-572-5403

2. Source of water: South Fork of Coquille River  
Tributary to: \_\_\_\_\_

3. Purpose(s) for which water is used: IRRIGATION / Stockwater  
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)  
If irrigation, total number of acres irrigated: 18 acres

4. Priority Date  
a) Date of first use: 1862 (September 18)  
b) Date water use development first initiated: same  
c) Name of party who initiated development: Henry Hermann

5. Amount of water claimed: .239, in CFS or GPM  
(Water put to beneficial use)

6. Location of place of use:  
08 Sections, Township 30 N (S) Range 12 E (W)  
05 Sections, Township 30 N (S) Range 12 E (W)  
(Attach additional pages if necessary)

7. Usual period of use: 05 / 01 to 10 / 30 - Irrigation  
month day month day  
01 / 01 to 12 / 31 - Stockwater

6.

8. Remarks: The property described has always been irrigated in some fashion. Ranch payments have been made from money made from sale of stock. See attached deposition and ranch records. More records available at COOS county courthouse.

9. Total fees submitted with claim: \$ 236

Notarized Statement Signed by Claimant.

STATE OF OREGON )  
 : ss  
County of COOS )

I, David W. Hermann, 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.

David W. Hermann  
Signature of Claimant

Signed and attested before me this 7 day of December, 19 92

Sally Jo Huntley  
NOTARY PUBLIC for the State of Oregon  
My commission expires: 6-24-93

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

Certified Water Right Examiner

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

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

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