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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: F. E. Huntington / Rita Campbell  
Mailing Address: 1660 Whistlers Lane  
Roseburg, Oregon 97470 Telephone No: 503-673-6661
  
2. Source of water: North Umpqua River  
Tributary to: \_\_\_\_\_
  
3. Purpose(s) for which water is used: Irrigation / Domestic-House  
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)  
If irrigation, total number of acres irrigated: Domestic and 4.2 acres
  
4. Priority Date
  - a) Date of first use: late 1800's - logging supply camp & log storage
  - b) Date water use development first initiated: 1897
  - c) Name of party who initiated development: Madsen
  
5. Amount of water claimed: 0.07 CFS per <sup>second</sup> in CFS or GPM  
(Water put to beneficial use)
  
6. Location of place of use:  
15 Sections, Township 26S N/S, Range 4W E/W.  
\_\_\_\_ Sections, Township \_\_\_\_ N/S, Range \_\_\_\_ E/W.  
(Attach additional pages if necessary)
  
7. Usual period of use: 1 / 1 to 12 / 31 (Domestic)  
                                  month / day                    month / day  
  4                    1                    10                    31 (Irrigation)

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

9. Total fees submitted with claim: \$30.00 = irrigation \$200.00-\$230.00 = domestic

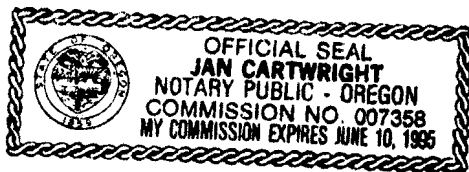
Notarized Statement Signed by Claimant.

STATE OF OREGON )  
 ) : ss  
County of DOUGLAS )

Rita Campbell  
I, F. E. Huntington, 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.

Rita Campbell F. E. Huntington  
Signature of Claimant

Signed and attested before me this 30<sup>th</sup> day of Dec, 19 92



Jan Cartwright  
NOTARY PUBLIC for the State of Oregon  
My commission expires: 6-10-95

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

Certified Water Right Examiner

Name: Chris L. Wheeler CWRE#: \_\_\_\_\_

Address: See Attached

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