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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: Thomas F. Nugent and Betti A. Nugent
Mailing Address: H.C. 86 Box 97-A
Myrtle Point, Or. 97458 Telephone No: (503)572-3545

2. Source of water: Cherry Creek, Little Cherry Creek
Tributary to: Coquille River

3. Purpose(s) for which water is used: irrigation, stock water, domestic
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 12.8 acres

4. Priority Date
a) Date of first use: June 12, 1891
b) Date water use development first initiated: June 12, 1891
c) Name of party who initiated development: W.H. Bunch

5. Amount of water claimed: 0.22, in CFS or GPM
(Water put to beneficial use)
Irrigation 0.16
Domestic 0.01
Stock 0.005

6. Location of place of use:
26 Sections, Township 27 N/S Range 11 E/W
_____ Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)

7. Usual period of use: 4 / 15 to 10 / 15 for irrigation
month day month day

domestic: year around

stock water: year round

8. Remarks: Application contains table of contents.
Additional notes and supporting statements will be forwarded
as they become available.

9. Total fees submitted with claim: \$430.00

Notarized Statement Signed by Claimant.

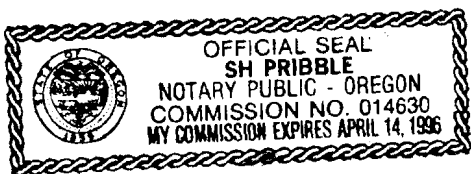
STATE OF OREGON)
) : ss
County of COOS)

I, Thomas F & Bette A. Nugent, 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.

Thomas F. Nugent
Signature of Claimant

Signed and attested before me this 30th day of Dec, 1992

L.G. Pribble
NOTARY PUBLIC for the State of Oregon
My commission expires: 4-14-96



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

Certified Water Right Examiner

Name: Donna K. Salas CWRE#: 059

Address: 490 N. W. Equine Dr.

Telephone: 296-2596