

3-03-1983

STATE OF OREGON
WATER RESOURCES DEPARTMENT

SURFACE WATER REGISTRATION STATEMENT
PRE-1909 VESTED WATER RIGHT CLAIM

1. Name of Registrant: Robert G. Ross Jr
Mailing Address: HC 83 Box 2120
COQUILLE, OR 97423 Telephone No: 572-5155

2. Source of water: WOODS CREEK - BESTUL CREEK - QUARRY CREEK
Tributary to: NORTH FOR



3. Purpose(s) for which water is used
(Irrigation, Stockwater, Domestic, Industrial, Etc.)
If irrigation, total number of acres

SEE OTHERS

4. Priority Date
a) Date of first use: 1906
b) Date water use development first initiated: 1906
c) Name of party who initiated development: _____

5. Amount of water claimed: .005, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
15 Sections, Township 28 N/S, Range 12 E/W.
15 Sections, Township 28 N/S, Range 12 E/W.
(Attach additional pages if necessary)

7. Usual period of use: Jan 1 to Dec 31
month day month day

8. Remarks: Documents & maps to follow.

9. Total fees submitted with claim: Sent fee 12/30/92

Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Coos) : ss

I, Robert G. Ross, Jr., 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 G. Ross Jr.
Signature of Claimant

Signed and attested before me this 31st day of December, 19 92
Sharon Shinnick



NOTARY PUBLIC for the State of Oregon
My commission expires: 6-17-96

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____