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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: Olga Helen Cuskey
Mailing Address: 312 Larson Way
North Bend, OR 97459 Telephone No: 503-756-4393

2. Source of water: Canyon
Tributary to: Larson Slough

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

4. Priority Date
a) Date of first use: deeds show 1903 and every year on
b) Date water use development first initiated: _____
c) Name of party who initiated development: _____

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

6. Location of place of use:
30, 31 Sections, Township 24 N/S, Range 12 W E/W.
_____ Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)

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

8. Remarks: I have deeds, tax records of continuous
ownership from 1903 on to 1910 when my
father, Simon Erickson, bought the property.

9. Total fees submitted with claim: \$ 200.00

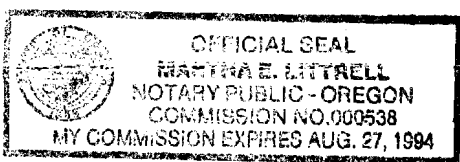
Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : SS
County of Cook)

I, Olga Helen Curley, 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.

Olga Helen Curley
Signature of Claimant

Signed and attested before me this 31st day of December, 1992



Martha E. Little
NOTARY PUBLIC for the State of Oregon
My commission expires: 8-27-94

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____