

STATE OF OREGON WATER RESOURCES DEPARTMENT

SURFACE WATER REGISTRATION STATEMENT PRE-1909 VESTED WATER RIGHT CLAIM

1.	Name of Registrant:	WILLIAM C. GIL	BREATH	
	Mailing Address:	1370 Whistlers	Park Road	
	Name of Registrant: Mailing Address: Roseburg, Orego	n 97470	Telephone No: _	503/673-6740
	Source of water:	35 springs and	11 streams	
	Tributary to: No	rth Umpqua Rive	r	
	Purpose(s) for which wat (Irrigation, Stockwater If irrigation, total numbe	, Domestic, Hydroei	ectric power, industrial	
4.	Priority Date a) Date of first use: b) Date water use deve c) Name of party who i	lopment first initi	C.heck iated: ment:	number 8
5.	. Amount of water claim	ned: 0.005 CF (Water put to bene)		[from each source.
6 17	Location of place of use 18,19,20 Sections, To	e: ownship <u>268</u> N	/S, Range <u>4W</u> E/V	٧.
	Sections, To (Attach ad	ownshipN Iditional pages if nec		V.
7.	Usual period of use: <u>Ja</u>	onth day	Dec / 31 month day	-

,			
8. Remarks: A	survey map prepared by a certified		
water rights	s examiner will follow. A descript		
evidence of	water rights will also be south in		
9. Total fees submitt	ted with claim: \$200		
Notarized Statement Signed by Claimant.			
STATE OF OREGO	ON)		
County of $\underline{\mathcal{D}_{OU}}$: SS		
County of <u>VVV</u>	9 (49)		
1/17 C 4145	3REATIT , having been duly sworn,		
depose and say tha	at I, and being the claimant of the existing surface		
•	ed herein, have read the contents of this claim and nowledge all of the matters stated herein		
are true and correct			
	Mm & Delleseair		
	Signature of Claimant		
Signed and attested before me this 29 day of DEC , 1992			
	My commission expires: $6-12-94$		
e sau e desembles a			
	T BE ACCOMPANIED BY A MAP PREPARED BY A		
CERTIFIED WATI	ER RIGHT EXAMINER (CWRE).		
	Certified Water Right Examiner		
	Name: JAMES F. GOSSON CWRE#: 054		
	Address: 580 S. State St., Sutherlin, OR 97479		
	Telephone:503/459-2243		
	rereptione		