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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: Dollie Austin
 Mailing Address: 5487 SUMNER FAIRVIEW Rd
Coos Bay OR 97420 Telephone No: 2673837

2. Source of water: UNAMED CREEK
 Tributary to: EAST FORK MILLICOMM RIVER

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

4. Priority Date
 - a) Date of first use: 1903
 - b) Date water use development first initiated: 1907
 - c) Name of party who initiated development: FRED Noah

5. Amount of water claimed: 0.01, in CFS or GPM
 (Water put to beneficial use)

6. Location of place of use:
36 Sections, Township 24 N/S, Range 11 E/W.
 _____ Sections, Township _____ N/S, Range _____ E/W.
 (Attach additional pages if necessary)

7. Usual period of use: 1 / 1 to 12 / 31
 month day month day

8. Remarks: ENCLOSED IS SUMMARY OF 1903 ASS. ROLL

9. Total fees submitted with claim: \$200⁰⁰

Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of COOS) : SS

I, Dollie L. Austin, 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.

Dollie L. Austin
Signature of Claimant

Signed and attested before me this 31st day of December, 1992
Angela Carpenter
NOTARY PUBLIC for the State of Oregon
My commission expires: 12-07-93

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

Certified Water Right Examiner

Name: Ronald E. Stuntzner CWRE#: 126

Address: PO Box 118 Coos Bay

Telephone: 267-2872