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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: HEILA M. ROCHEK  
Mailing Address: 1688 BOBCAT COURT  
MYRTLE POINT, ORE 97458 Telephone No: 503-572-5636

2. Source of water: NORTH FORK  
Tributary to: COQUILLE RIVER

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

4. Priority Date  
a) Date of first use: M. H. TYRELL PURCHASED PROPERTY FROM U.S.  
b) Date water use development first initiated: \_\_\_\_\_ 1875  
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:  
4 Sections, Township 29 N/S, Range 12 E/W.  
\_\_\_\_\_ Sections, Township \_\_\_\_\_ N/S, Range \_\_\_\_\_ E/W.  
(Attach additional pages if necessary)

7. Usual period of use: 3 111 to 12 15  
month day month day  
DEPENDING ON RAIN FALL.

8. Remarks: ENCLOSED ARE RECORDS OF OWNERSHIP AND PERSONAL PROPERTY  
ON PROPERTY FROM 1900-1927. MY FATHER PURCHASED THIS PROPERTY FROM  
THOS F. HAGERTY IN 1947. AT THAT TIME STOCK WAS DRINKING FROM RIVER.  
MY FATHER, JOHN C. CAUDLE, LATER BEGAN PUMPING FROM RIVER TO STOCK  
TANKS. THE SAME IS TAKING PLACE AT PRESENT. IF MORE INFORMATION  
IS NEEDED - PLEASE ADVISE. #

9. Total fees submitted with claim: 200.00

Notarized Statement Signed by Claimant.

STATE OF OREGON )  
County of Cook ) : ss

I, Leila M. Rochek, 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.

Leila M. Rochek  
Signature of Claimant

Signed and attested before me this 30<sup>th</sup> day of Dec, 19 92



Delilah E. Swenson  
NOTARY PUBLIC for the State of Oregon  
My commission expires: 8-12-96

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

Certified Water Right Examiner

Name: FORREST J. HALES CWRE#: 059

Address: 1490 N. Ivy, Coquille, ORE 97423

Telephone: 503-396-2596

SRR-485

7/9/96

FOUND IN R-71344: HE MUST

HAVE SENT THIS MAP WITH

THE OTHER CLAIM OF BENEFICIAL

USE AND IT WAS NOT

SEPARATED.

NEK