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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: Brelage Pacific Dairy, INC.
Mailing Address: 695 Larson Way
North Bend, OR. 97459 Telephone No: 503-756-5309
2. Source of water: Larson Creek
Tributary to: HAYNES INLET
3. Purpose(s) for which water is used: Stockwater, Domestic incl. 1/2 acre
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.) Lawn & Garden
If irrigation, total number of acres irrigated: _____
4. Priority Date
a) Date of first use: 1900 per Assessment & Tax Roll
b) Date water use development first initiated: 1900
c) Name of party who initiated development: Julius Larson
5. Amount of water claimed: 0.02cfs stockwater
0.01cfs dom. in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
20 Sections, Township 24 N/S, Range 12 E/W.
19 Sections, Township 24 N/S, Range 12 E/W.
(Attach additional pages if necessary)
7. Usual period of use: Jan. / 1st to Dec. / 31st
month day month day

8. Remarks: cfs for stockwater based on 300 head of dairy cattle
@ 0.005cfs per 100 head plus 0.005 cfs for operation of
dairy. Domestic use includes the irrigation of a lawn or
garden not to exceed 1/2 acre in area.

9. Total fees submitted with claim: \$ 400.00

Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : ss
County of Coos)

I, Daniel F. Brelage, 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.

Daniel F. Brelage
Signature of Claimant

Signed and attested before me this 30th day of December, 19 92



Renee M. Gibson
NOTARY PUBLIC for the State of Oregon
My commission expires: Oct. 28, 1996

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

Certified Water Right Examiner

Name: Gary T. Smither CWRE#: 330

Address: P.O. Box 545, North Bend, OR. 97459

Telephone: 267-6026