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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: Gerald E or Janice Foss
Mailing Address: PO Box 277, Canyonville, OR 97417
Telephone No: (503) 839-4126
2. Source of water: South Umpqua River
Tributary to: Umpqua River
3. Purpose(s) for which water is used: Irrigation
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 1.5 Acres
4. Priority Date
a) Date of first use: September 27, 1850
b) Date water use development first initiated: prior to 1850
c) Name of party who initiated development: John Yokum
5. Amount of water claimed: 0.019 cfs, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
19 Sections, Township 30S N/S, Range 5W E/W.
Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)
7. Usual period of use: 5 / 1 month day to 10 / 31 month day Irrigation

8. Remarks: Abstract of deeds of owners
Personal Statement by Gerald E Foss

9. Total fees submitted with claim: \$30

Notarized Statement Signed by Claimant.

STATE OF OREGON)
: ss
County of DOUGLAS)

I, GERALD E. FOSS, 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.

X Gerald E Foss
Signature of Claimant

Signed and attested before me this 31st day of December, 19 92

Nicky Rhea
NOTARY PUBLIC for the State of Oregon
My commission expires: 5/1/94

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

Certified Water Right Examiner

Name: Maurice E Farr CWRE#: 046

Address: 1960 SW Burdette Drive, Roseburg, OR 97470

Telephone: (503) 679-6598