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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: Duane Barzee
Mailing Address: Hc 86 Box 38
Myrtle Point, OR 97458 Telephone No: 572-2493
2. Source of water: North fork of Coquille River
Tributary to: _____
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: 1877
b) Date water use development first initiated: 1877
c) Name of party who initiated development: William S. Hall
5. Amount of water claimed: 0.10 CFS, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
01 Sections, Township 29S N/S, Range 12W E/W.
_____ Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)
7. Usual period of use: 1 / 1 / 1 to 12 / 31
month day month day

This Land was homesteaded in 1877 as documented in Mrs William Halls obituary found in "Pioneers and Incidents of The Upper Coghille Valley" By Alice H Woodbridge

8. Remarks: Page 155 She "married Jan 7, 1877 to William S. Hall at Gravelford Oregon. They settled 2 miles south of Gravelford on a homestead, which is now known as the Ray Smith Ranch and lived there until Oct-1912" My grandfather Roy Smith purchased the land from William Hall in 1920 as an established dairy, milking in the Barn that was built in 1905 - And is still in use -
9. Total fees submitted with claim: \$200.00

Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Coos) : ss

I, Duane Baysee, 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.

Duane Baysee
Signature of Claimant

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



Lela Gilkison
NOTARY PUBLIC for the State of Oregon
My commission expires: 7.4.95

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____