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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: Leo L. Aber Melen M. Aber
Mailing Address: Rt. 1 Box 4260 Coquille, Oregon (97423)
Telephone No: 396-4073
2. Source of water: Coquille River
Tributary to: Pacific Ocean
3. Purpose(s) for which water is used: Domestic Stock Water Irrigation
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 9.85
4. Priority Date
a) Date of first use: 1882
b) Date water use development first initiated: 1882
c) Name of party who initiated development: Samuel S. Smith
5. Amount of water claimed: 0.14 CFS, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
18 Sections, Township 28 S N/S, Range 12 W E/W.
12 Sections, Township 28 S N/S, Range 13 W E/W.
(Attach additional pages if necessary)
7. Usual period of use: June 1st to October 1st Irrigation
Jan 1/ist to Jan 1 / Domestic stock water
month day month day

8. Remarks: Homesteaded by Samuel Smith 1865 Proved up according to Homestead Act Proerty sold 5th Day of September 1882. to J.I. Roy.

Only potable water for domestic use and cattle watering had to be obtained from the Coquille river the only source of water on or bordering this property.

9. Total fees submitted with claim: Four hundredthirty dollars

Notarized Statement Signed by Claimant.

STATE OF OREGON)
: SS
County of Coos)

I, Leo L. Aber, 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.

Leo L. Aber
Signature of Claimant

Signed and attested before me this 29th day of December, 1992

Mary Glover
MARY GLOVER
NOTARY PUBLIC - OREGON
My Commission Expires 02-28-94

Mary Glover
NOTARY PUBLIC for the State of Oregon
My commission expires: 02-28-94

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

BACK LOG OF MAPS VERBAL AGREEMENT FOR MAP
Leo L. Aber

Certified Water Right Examiner
Name: Forrest J. Hales CWRE#: _____
Address: 1490 N. Ivy Coquille. Ore 974423
Telephone: 396-2596