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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: LLOYD C. Kreutzer
Mailing Address: P.O. BOX 62 Langlois, Ore. 97140
Telephone No: 348-2417

2. Source of water: FLORAS Creek
Tributary to: PACIFIC OCEAN

3. Purpose(s) for which water is used: STACK WATER
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 0

4. Priority Date
a) Date of first use: 1901
b) Date water use development first initiated: 1901
c) Name of party who initiated development: Wm. Guerin

5. Amount of water claimed: .10 CFS, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
Partial 2, 3, 11, 12 Sections, Township 31 N/S, Range 15 E/W.
_____ Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)

7. Usual period of use: JAN / 1 / 1 to DEC / 1 / 31
month day month day

8. Remarks: Certified Water Map To Follow
Also proof of water use

9. Total fees submitted with claim: \$ 200.00

Notarized Statement Signed by Claimant.

STATE OF OREGON)
: ss
County of COOS)

I, LLOYD C. KREUTZER, 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.

Lloyd Kreutzer
Signature of Claimant

Signed and attested before me this 31 day of Dec, 1992



Stacey Christensen
NOTARY PUBLIC for the State of Oregon
My commission expires: 10-11-96

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____