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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

Sharon Watson Flood et al Holl

1. Name of Registrant: FLOOD, GRAHAM, LEE, 5 RING'S INC.
Mailing Address: HC 83 BOX 3810 COQUILLE OR, 97423
Telephone No: (503) 396-4731

2. Source of water: NORTH FORK OF COQUILLE & BLUE CREEK
Tributary to: Coquille

3. Purpose(s) for which water is used: STOCKWATER
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: N/A

4. Priority Date
a) Date of first use: 1894
b) Date water use development first initiated: 1894
c) Name of party who initiated development: John LEDSTON BARKER

5. Amount of water claimed: .005, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
6 Sections, Township 27 N/S Range 11 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

8. Remarks: Stock has been continuously run on this property since 1896. THE 1963 water rights indicate a barn site that also shows continuous stock use.

9. Total fees submitted with claim: \$200.⁰⁰

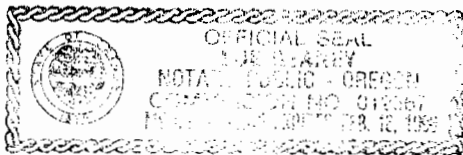
Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : SS
County of COOS)

I, Sharon Watson Flood, 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.

Sharon Watson Flood
Signature of Claimant

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



Jae Lacey
NOTARY PUBLIC for the State of Oregon
My commission expires: 2-16-96

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____