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AMENDED CLAIM #528

MAR 7 1994

WATER RESOURCES DEPT
SALEM, OREGON

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

**SURFACE WATER REGISTRATION STATEMENT
PRE-1909 VESTED WATER RIGHT CLAIM**

Phil Strader Estate - Dyrma Strader, Trustee
1. Name of Registrant: Dyrma Strader Estate - William Strader, Trustee
Mailing Address: P. O. Box 369
Glide, Oregon 97443 Telephone No: 503/496-3334

2. Source of water: Bill's Spring
Tributary to: French Creek

3. Purpose(s) for which water is used: Domestic, Stockwater & Irrigation
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 0.5

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

5. Amount of water claimed: 0.015, in CFS See supplemental sheet
(Water put to beneficial use)

6. Location of place of use:
_____ Sections, Township _____ /S, Range _____ /W.
_____ Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)

7. Usual period of use: Jan / 1 to Dec / 31 Domestic & stock
month day month day
April 1 Oct 31 Irrigation

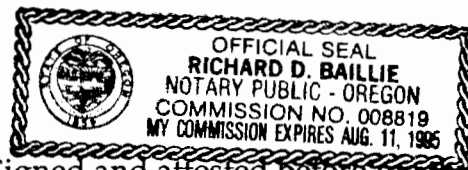
8. Remarks: _____

9. Total fees submitted with claim: _____

Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : ss
County of _____)

I, _____, 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.



William O. Stroder
Signature of Claimant

Signed and attested before me this 3 day of MARCH, 1994

Richard D. Baillie
NOTARY PUBLIC for the State of Oregon
My commission expires: _____

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

Certified Water Right Examiner

Name: JAMES F. GOSSON CWRE#: 54

Address: 580 S. State St. Sutherlin, Oregon 97479

Telephone: 503/459-2243