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AMENDED CLAIM #529

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: See Supplemental Sheets
Tributary to: Umpqua River

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

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

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

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

7. Usual period of use: _____ / _____ to _____ / _____
month day month day
Year round

8. Remarks: _____

9. Total fees submitted with claim: _____

Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : ss
County of _____)

I, _____, having been duly sworn,
depone 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 D. Hatcher
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, OR 97479

Telephone: 503/459-2243