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DOUGLAS COUNTY, ON

STATE OF OREGON WATER RESOURCES DEPARTMENT

SURFACE WATER REGISTRATION STATEMENT PRE-1909 VESTED WATER RIGHT CLAIM JAN 0 5 1993

WATER RESO SALEM,	7,111
1. Name of Registrant: Lone Rock Timber Co Mailing Address: PO Box 1127	
Roseburg OR 97470 Telephone No: 673-0141	
2. Source of water: North Umpqua River Tributary to: Pacific Ocean	
3. Purpose(s) for which water is used: Instream Stockwater	
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.) If irrigation, total number of acres irrigated:	
4. Priority Date a) Date of first use:	
b) Date water use development first initiated: 1890 c) Name of party who initiated development:	
5. Amount of water claimed: 2 900/min , in CFS or GPM (Water put to beneficial use)	
6. Location of place of use: 23,24,25,26 Sections, Township 26 M/S Range 5 M/W	
18 Sections, Township 26 X/S Range 4 X/W (Attach additional pages if necessary)	
7. Usual period of use: / / / to /2 / 3/ month day	

8. Remarks:	
. Remarks.	
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. Total fees submitted v	with claim:
N 1C	
Notarized Statement Si	gned by Claimant.
STATE OF OREGON)
	: ss
County of Doug	(as)
I, Robert E R	AgoN , having been duly sworn,
depose and say that I, a	and being the claimant of the existing surface
	erein, have read the contents of this claim and
the state of the s	ledge all of the matters stated herein
are true and correct.	
	1000
	Signature of Claimant President
2 1 1 1 1 1 1	
Signed and attested befo	ore me this 30 day of 00 , 19 9 2
	boare baton
	NOTARY PUBLIC for the State of Oregon
	My commission expires:
THIS FORM MUST B	E ACCOMPANIED BY A MAP PREPARED BY A
CERTIFIED WATER I	RIGHT EXAMINER (CWRE).
	Contifical Matern Disht Forming
	Certified Water Right Examiner
	Name:CWRE#:
	Address:
	Telephone:
	Telephone.