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WATER RESOURCES DEPARTMENT
SALEM, OREGON

STATE OF OREGON
WATER RESOURCES DEPARTMENT

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

1. Name of Registrant: Jane M. Muffett
Mailing Address: 3636 Shutters Landing Rd
North Bend, Or. 97459 Telephone No: 756-7538

2. Source of water: Adams Creek
Tributary to: Ten Mile Lake

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: 11-17-83
b) Date water use development first initiated: 11-17-83
c) Name of party who initiated development: Charles W. Fletcher

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

6. Location of place of use:
27+28 Sections, Township 23 N/(S) Range 12 E/(W)
33+34 Sections, Township 23 N/(S) Range 12 E/(W)
(Attach additional pages if necessary)

7. Usual period of use: 1 / 1 to 12 / 31
month day month day

8. Remarks: more information to follow

9. Total fees submitted with claim: \$ 200.00

Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of COOS) : ss

I, Jane Muffett, 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.

Jane M. Muffett
Signature of Claimant

Signed and attested before me this 31st day of December, 1992

Martha E. Littrell
NOTARY PUBLIC for the State of Oregon
My commission expires: 8-27-94



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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____