## STATE OF OREGON WATER RESOURCES DEPARTMENT

W 3 4 5 1003

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

1 Name of Brainway John Isan hart
Mailing Address: P.O. Boy 602
1. Name of Registrant: John Tsen hart  Mailing Address: P.O. Box 602  Myrle Point, Oregon 97458 Telephone No: 503-572-2404
2. Source of water: Un Known Tributary To Coquille River;
To Coquillo River; Russel Creek Tributory to Dement Creek Tributory to Dement Creek Tributory to Cognille River: Unknown Spring Tributory to
Tributary to: Mill CReek Tributory To Dement Creek Tributory To Coquillo River; Russel Creek Tributory to Dement Creek Tributory To Coquille River; Unknown Spring Tributory to Dement Creek Tributory to Coquille River; Coquille River 3. Purpose(s) for which water is used: Stock water, Domestic, Frigation
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 16 acres
4. Priority Date  a) Date of first use: July 7, 1854 Reds dence; Nov. 1854 Livestock  b) Date water use development first initiated: July 7, 1854  c) Name of party who initiated development: Samue Dement; W.T. Dement
5. Amount of water claimed: 2.43, in CFS or GPM (Water put to beneficial use)
6. Location of place of use: 6,7,9,19,19 Sections, Township 30 N/S, Range 12 E/W.
28, 27, 37 Sections, Township 30 N/S, Range 13 E/W.  (Attach additional pages if necessary)
7. Usual period of use: Jan / 1 to Dec. / 31 For Livestock month day month day For Residences  Jan. 1 to Dec. 1 31 For Residences  May 30 To Oct. 30 For Ivrigation
May 30 To Oct. 30 For Ivrigation

9. Total fees submitted  Notarized Statement S  STATE OF OREGON	with claim: # 432 \( \square \) igned by Claimant.
water right described	, having been duly sworn, and being the claimant of the existing surface herein, have read the contents of this claim and rledge all of the matters stated herein  Signature of Claimant
Signed and attested before the control of the contr	
	BE ACCOMPANIED BY A MAP PREPARED BY A RIGHT EXAMINER (CWRE).
	Certified Water Right Examiner
	Name:CWRE#:
	Address:
	Telephone: