

STATE OF OREGON
DEPARTMENT OF WATER RESOURCES

JAN 05 1983

WATER RESOURCES DEPT.
SALEM, OREGON

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

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

1. Name of Registrant: Henry and Marilyn Isenhart
Mailing Address: Rt. 1 Box 3185
Coquille Or 97324 Telephone No: (503)396-2265

2. Source of water: Unnamed stream/Alder Creek/Coquille River
Tributary to: Unnamed stream a trib to Alder Creek and Alder Creek a trib. to Coquille River.

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

4. Priority Date
a) Date of first use: Sept 1872
b) Date water use development first initiated: Sept. 1872
c) Name of party who initiated development: William Panter

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

6. Location of place of use:
17-18-19-20 Sections, Township 28 N/S, Range 13 E/W.
_____ Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)

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

8. Remarks: Proof of water use will follow at later date

9. Total fees submitted with claim: \$400.00

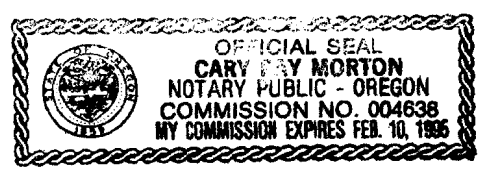
Notarized Statement Signed by Claimant.

STATE OF OREGON)
: ss
County of Coos)

We ~~xx~~ Henry and Marilyn Isenhart, 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.

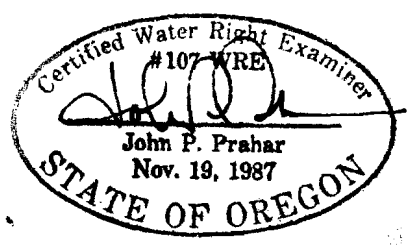
Henry Isenhart Marilyn Isenhart
Signature of Claimant s

Signed and attested before me this 29 day of Dec, 19 92



Cary Jay Morton
NOTARY PUBLIC for the State of Oregon
My commission expires: Feb. 10, 1995

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



Certified Water Right Examiner
Name: John P. Prahar CWRE#: 107
Address: 1045 Baltimore #1, Bandon, OR 97411
Telephone: (503)347-9517