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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: PAULINE SULLIVAN  
Mailing Address: P.O. BOX 8  
LANGLOIS, OR. 97450 Telephone No: 348-9990
2. Source of water: Unnamed springs/creeks; Joe Cox creek; Floras Creek.  
Tributary to: Floras Creek
3. Purpose(s) for which water is used: Domestic, Stockwater, Irrigation  
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)  
If irrigation, total number of acres irrigated: 70 (seventy) 30
4. Priority Date
  - a) Date of first use: 1900
  - b) Date water use development first initiated: January 1, 1900
  - c) Name of party who initiated development: J.A. COX & WM. COX
5. Amount of water claimed: .25 CFS, in CFS or GPM  
(Water put to beneficial use)
6. Location of place of use:  
11 Sections, Township 31 ~~N~~/S, Range 15 ~~E~~/W.  
12 Sections, Township 31 ~~N~~/S, Range 15 ~~E~~/W.  
(Attach additional pages if necessary)
7. Usual period of use: Jan. / 1st to Dec. / 31st  
month day month day

8. Remarks: Summary of recorded use attached. Further research will provide data of actual use prior to 1900; applicant will amend to conform to proof available. Map attached shows named and unnamed sources of diversion. Pre-1909 there were 5dwellings & stockwater use.

9. Total fees submitted with claim \$ 660.00

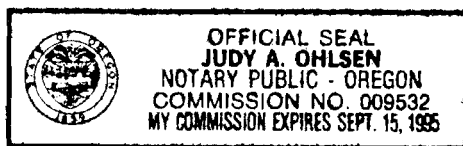
Notarized Statement Signed by Claimant.

STATE OF OREGON )  
 ) : ss  
County of Coos )

I, Pauline Sullivan, 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.

Pauline Sullivan  
Signature of Claimant

Signed and attested before me this 31<sup>st</sup> day of DEC., 19 92



Judy A. Ohlsen  
NOTARY PUBLIC for the State of Oregon  
My commission expires: 9/15/95

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

Certified Water Right Examiner

Name: \_\_\_\_\_ CWRE#: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_