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STATE OF OREGON
WATER RESOURCES DEPARTMENT

SURFACE WATER REGISTRATION STATEMENT
PRE-1909 VESTED WATER RIGHT CLAIM

JAN 0 5 1993

WATER RESOURCES DEPT
SALEM, OREGON

1. Name of Registrant: VICTORIA M. HAWKS
 Mailing Address: PO BOX 213
ROSEBURG, OR Telephone No: 679-9129

2. Source of water: SPRINGS
 Tributary to: TUCKE CRK, FROZEN CRK, BIGGER CRK

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

4. Priority Date
 - a) Date of first use: 1870's
 - b) Date water use development first initiated: 1880's - 1890's
 - c) Name of party who initiated development: P.E. COOPER/SAM WHITSETT

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

6. Location of place of use:
13, 24, 25 Sections, Township 28 N (S) Range 5 E (W)
19 Sections, Township 28 N/S, Range 4 E/W.
 (Attach additional pages if necessary)

7. Usual period of use: JAN 1 1 to DEC 1 31
 month day month day

8. Remarks: _____

9. Total fees submitted with claim: \$200

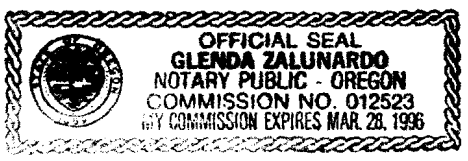
Notarized Statement Signed by Claimant.

STATE OF OREGON)
 : ss
County of Douglas)

I, Victoria M. Hawks, 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.

Victoria M. Hawks
Signature of Claimant

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



Glenda Zalunardo
NOTARY PUBLIC for the State of Oregon
My commission expires: 3-28-96

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

Certified Water Right Examiner
Name: JAMES ARTMAN CWRE#: 146
Address: PO BOX 576, WINSTON, OR 97496
Telephone: 679-7176