

WATER RESOURCES DEPARTMENT
DOUGLAS COUNTY, OH

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**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

**SURFACE WATER REGISTRATION STATEMENT 5 1993
PRE-1909 VESTED WATER RIGHT CLAIM**

WATER RESOURCES DEPT.
SALEM, OREGON

Swingley Angus Century Farm Trust
Evelyn Raymond Swingley, Trustee

1. Name of Registrant: Diane C. Swingley, Trustee
Mailing Address: P. O. Box 73
Days Creek, Oregon 97429 Telephone No: 825-3352

2. Source of water: Days Creek
Tributary to: South Umpqua River

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

4. Priority Date
a) Date of first use: 1850 (George T. Day DLC)
b) Date water use development first initiated: 1850
c) Name of party who initiated development: George T. Day

5. Amount of water claimed: .01, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
9 Sections, Township 30 N/S, Range 4 E/W.
10 Sections, Township 30 N/S, Range 4 E/W.
(Attach additional pages if necessary)

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

8. Remarks: Livestock has had access directly to Days Creek and the seasonal run-off ditches for the purpose of drinking water, since the DLC.

We are working on preparing the map and collecting supporting documentation.

9. Total fees submitted with claim: \$200

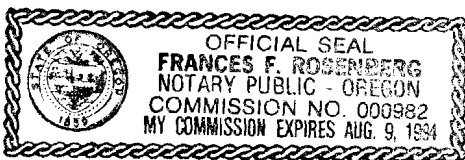
Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : ss
County of Douglas)

WE, Evelyn Raymond Swingley & Diane C. Swingley,
I, Trustees, 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.

Diane C. Swingley
Evelyn R. Swingley
Signature of Claimant

Signed and attested before me this 30th day of December, 1992



Frances F. Rosenberg
NOTARY PUBLIC for the State of Oregon
My commission expires: Aug. 9, 1994

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____