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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: DEBROAH J. AND DAVID J. HATFIELD
Mailing Address: 16178 Dixonville Road
Roseburg, Oregon 97470 Telephone No: 503/673-6728

2. Source of water: Eight springs and seven streams
Tributary to: South Deer Creek and Deer Creek

3. Purpose(s) for which water is used: Domestic, stockwater and irrigation
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 2.0

4. Priority Date
a) Date of first use: See supplemental sheet
b) Date water use development first initiated: Unknown
c) Name of party who initiated development: See supplemental sheet

5. Amount of water claimed: 0.041, in CFS
(Water put to beneficial use)

6. Location of place of use:
33, 34, 35 Sections, Township 27 S, Range 5 W.
 Sections, Township N/S, Range E/W.
(Attach additional pages if necessary)

7. Usual period of use: / to /
 month day month day

SEE SUPPLEMENTAL SHEET

8. Remarks: Additional research has identified additional sources having been used continuously without substantial interruption since prior to February 24, 1909. Hence they are being included in the claim.

9. Total fees submitted with claim: None

Notarized Statement Signed by Claimant.

STATE OF OREGON)
 : ss
County of Douglas)

DAVID J. HATFIELD and
I, DEBORAH J. HATFIELD, 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.

Deborah J. Hatfield
Signature of Claimant

Signed and attested before me this 17th day of November, 1993

Paula Lee Chuechee
NOTARY PUBLIC for the State of Oregon
My commission expires: 12-13-93

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

Certified Water Right Examiner

Name: JAMES F. GOSSON CWRE#: 54

Address: 580 S. State St., Sutherlin, Oregon 97479

Telephone: 503/459-2243