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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: ALBERT L. AND GLORIA T. OLSON
Mailing Address: P.O. Box 222
MYRTLE POINT, OR. 97458 Telephone No: 572-2985
2. Source of water: SURFACE WATER + SOUTH FORK COQUILLE RIVER
Tributary to: SOUTH FORK COQUILLE RIVER
3. Purpose(s) for which water is used: STOCK WATER, DOMESTIC
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: _____
4. Priority Date
a) Date of first use: PRE - 1909
b) Date water use development first initiated: PRE - 1909
c) Name of party who initiated development: PETER WIES
5. Amount of water claimed: .015, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
8 Sections, Township 29 N/S, Range 12 E/W
____ Sections, Township ____ N/S, Range ____ E/W.
(Attach additional pages if necessary)
7. Usual period of use: 1 / 1 / 1 to 12 / 31
month day month day



8. Remarks: COPY OF ORIGINAL ABSTRACT OF TITLE # 81131
DATED 3-30-1882
FILED JUNE 21, 1900
BOOK 33 DEEDS 303

9. Total fees submitted with claim: \$ 400⁰⁰

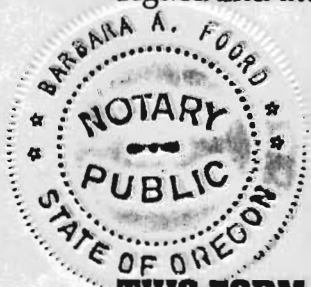
Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Coos) : ss

I, GLORIA T. OLSON, 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.

Gloria T. Olson
Signature of Claimant

Signed and attested before me this 30 day of December, 19 92



Barbara A. Foord
NOTARY PUBLIC for the State of Oregon
My commission expires: 3-14-93

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____