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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: James M. Dagit
Mailing Address: HCEC BOX 168 Myrtle Point
OR 97458 Telephone No: 522-5013

2. Source of water: East Fork Coquille River
Tributary to: North Fork Coquille River

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

4. Priority Date
a) Date of first use: July 1888
b) Date water use development first initiated: _____
c) Name of party who initiated development: Alexander Jackson
• 10 livestock

5. Amount of water claimed: • 005 Aves., in (CFS) or GPM
(Water put to beneficial use)

6. Location of place of use:
25 Sections, Township 28 N (S) Range 12 E (W)
25 Sections, Township 28 N (S) Range 12 E (W)
(Attach additional pages if necessary)

7. Usual period of use: Jan / 1 / 1 to Dec / 31 / 31 Domestic
month day month day
Jan / 1 / 1 to Dec / 31 / 31 Livestock
month day month day

8. Remarks: From the records I have seen alexander Jackson
was the first to reside at this location. Well and spring
water is only available during a couple months of the winter
there are four wells and two springs which do not supply the house
let alone livestock.

9. Total fees submitted with claim: \$ 900⁰⁰

Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : SS
 County of Coos)

I, James M. Dagitt, 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.

James M. Dagitt
 Signature of Claimant

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



Donna K. Redford
 NOTARY PUBLIC for the State of Oregon
 My commission expires: 9-12-95

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____