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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: Stuart R. Harrison
Mailing Address: 1131 Haynes Way
North Bend, Oregon 97459 Telephone No: 503 756-3803
2. Source of water: Springs and creeks
Tributary to: Palouse Creek
3. Purpose(s) for which water is used: Domestic and Stockwater
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: _____
4. Priority Date
a) Date of first use: 1883
b) Date water use development first initiated: 1883
c) Name of party who initiated development: Henry Sanford
5. Amount of water claimed: .025, in CFS or ~~CPM~~
(Water put to beneficial use)
6. Location of place of use:
Sec 9 Sections, Township 24 ~~N~~/S, Range 12 E/W.
____ Sections, Township ____ N/S, Range ____ E/W.
(Attach additional pages if necessary)
7. Usual period of use: 01 / 01 to 12 / 31
month day month day

8. Remarks: 4 familys filing jointly on the original Henry Sanford
homestead.

9. Total fees submitted with claim: \$400.00

Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : ss
County of COOS)

I, STUART R HARRISON, having been duly sworn,
depone 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.

Stuart R. Harrison
Signature of Claimant

Signed and attested before me this 29 day of October, 1992

Guy L Williams
NOTARY PUBLIC for the State of Oregon
My commission expires: 8-3-95



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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____