

JAN 05 1993

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: Fat Elk Drainage District
Mailing Address: c/o Ellis Foster, Rt. 1 Box 3615
Coquille, OR 97423 Telephone No: 396-5255

2. Source of water: Coquille River; Fat Elk Creek; Pulusky Creek
Tributary to: _____

3. Purpose(s) for which water is used: Irrigation / Stock - (1 CFS)
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 2544.84

4. Priority Date
a) Date of first use: 1907
b) Date water use development first initiated: 1907
c) Name of party who initiated development: Fat Elk Drainage District

5. Amount of water claimed: 2500, in CFS or ~~GPM~~
(Water put to beneficial use)

6. Location of place of use:
1,2,3,10,11,12,13 Sections, Township 28 ~~N~~/S, Range 13 ~~E~~/W.
14
_____ Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)

7. Usual period of use: 5 / 1 to 10 / 31
month day month day

8. Remarks: The drainage district was formed in 1907 in Coos County, Oregon.
Approximately 2800 acres comprise the district. Water has been
continuously used since 1907 by the district for irrigation and
stock purposes.

9. Total fees submitted with claim: \$2845.00

Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : ss
County of Coos)

I, Ellis Foster, 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.

Ellis Foster
Signature of Claimant

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



Tereasa M. Westfall
NOTARY PUBLIC for the State of Oregon
My commission expires: 3-25-96

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____