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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: Hoyd MASI (MAST form Inc) Mailing Address: He 86 Box 62 Murtle BinT
Mailing Address: He 86 Box 62 Myrtle Point ORF 97458 Telephone No: (503) 572-3671 572-2567
2. Source of water: North Fork Tributary to: Coquille River
3. Purpose(s) for which water is used: Stock water - Domestic - Irregtion, (Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: <u>イのつ 本りりゃ</u> 鬼
4. Priority Date a) Date of first use:
5. Amount of water claimed:, in CFS or GPM (Water put to beneficial use)
6. Location of place of use:
7. Usual period of use: \(\lambda \sim \sim \sim \lambda \sim \text{ to } \frac{\delta c}{\text{month}} \sim \text{day} \) month day month day
Irm June /1 to sept / 31

8. Remarks: This is a vested water right.
9. Total fees submitted with claim: #200000
Notarized Statement Signed by Claimant.
STATE OF OREGON)
County of <u>Coos</u> ; ss
County of
I, Loud What, 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.
Signature of Claimant (Most Formorem)
HOTARY Barbara a, Foord
Barren a France
NOTARY PI IRI IC for the State of Oregon
My commission expires: 3-14-93
TIFOF ORCC
THIS FORM MUST BE ACCOMPANIED BY A MAP PREPARED BY A CERTIFIED WATER RIGHT EXAMINER (CWRE).
Certified Water Right Examiner
Name:CWRE#:
Address:
Telephone: