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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: William J. Wright + Doreen M. Wright
Mailing Address: P.O. Box 1442
Coos Bay, OR 97420 Telephone No: 267-2588
2. Source of water: Daniel's Creek + Springs on Property
Tributary to: Coos River - South Fork
3. Purpose(s) for which water is used: Stock (including beef + dairy)
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: _____
4. Priority Date April 1st
a) Date of first use: 1906 and prior to 1906
b) Date water use development first initiated: APRIL 1st 1906
c) Name of party who initiated development: J. Clinkinbeard
5. Amount of water claimed: 0.025 CFS, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
02 Sections, Township 26S ~~(S)~~ Range 12 ~~(W)~~
35 Sections, Township 25S ~~(S)~~ Range 12 ~~(W)~~
(Attach additional pages if necessary)
7. Usual period of use: 01 / 01 to 12 / 31
month day month day

8. Remarks: Detailed map and supporting documentation to follow as soon as county records can be accessed and CWRE map prepared.

9. Total fees submitted with claim: \$200⁰⁰ (Two Hundred & no/100 dollars)

Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Coos) : ss

I, William J. Wright, 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.

x William J. Wright
Signature of Claimant

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

Sheila G. Wilson
NOTARY PUBLIC for the State of Oregon
My commission expires: 4-09-93

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____