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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: GLEN L. WAGNER
Mailing Address: 93363 EIK RIVER ROAD
PORT ORFORD, OR. 97465 Telephone No: 503.332.2255

2. Source of water: EIK RIVER + BOND CREEK
Tributary to: PACIFIC OCEAN + EIK RIVER

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

4. Priority Date
a) Date of first use: 4. 1882
b) Date water use development first initiated: 4. 1882
c) Name of party who initiated development: JURGENSON

5. Amount of water claimed: .015 CFS, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
21 Sections, Township 32 N/S, Range 15 E/W, 27, 32, 15
22 Sections, Township 32 N/S, Range 15 E/W, 28, 32, 15
(Attach additional pages if necessary)

Additional
S T R

7. Usual period of use: 01 / 01 to 12 / 31
month day month day

8. Remarks: THE HISTORIC USE OF THIS ^{PROPERTY HAS} BEEN
HAY AND PASTURE LAND FOR CATTLE SINCE THE MID
1800'S

9. Total fees submitted with claim: 200.⁰⁰

Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Curry) : ss

I, Glen J. Wagner, 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.

Glen J. Wagner
Signature of Claimant

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



Kim Gregory
NOTARY PUBLIC for the State of Oregon
My commission expires: 1-1-96

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____