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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: GLENN & DEBBIE GORST
Mailing Address: HC84 BOX 212 323
Myrtle Point, OR 97458 Telephone No: 572-3610

2. Source of water: COQUILLE RIVER
Tributary to: PACIFIC OCEAN

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 ^{or before} *1 *2 *3 *4 *5 *6
a) Date of first use: incomplete incomplete 1909 1885 1900 incomplete
b) Date water use development first initiated: same as above
c) Name of party who initiated development: August Carl, Samuel Backlow, Oloff Reed

5. Amount of water claimed: .01 per 100 cows in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
31 & 32 Sections, Township 28 N/S, Range 12 E/W
6 & 5 Sections, Township 29 N/S, Range 12 E/W
(Attach additional pages if necessary)

7. Usual period of use: 1 / 1 to 12 / 31
month day month day

8. Remarks: Much of our research is incomplete as of Dec. 30, 1992.
However this land is made up of 360 acres of bottom ground which
has had cattle on it since first bought from the United States in the
late 1800s.

9. Total fees submitted with claim: \$ 200⁰⁰

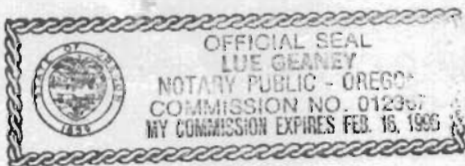
Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : ss
County of Coos)

Glen Gorst and
I, Debbie Gorst, 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]
Debbie Gorst
Signature of Claimant

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



[Signature]
NOTARY PUBLIC for the State of Oregon
My commission expires: 2-16-96

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____