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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: Ellis F. Foster
 Mailing Address: Rt. 1, Box 3615
Coguille, OR 97423 Telephone No: 396-5255
2. Source of water: Creek with no name, Garbage Can Creek, Coquille River.
 Tributary to: Coquille River
3. Purpose(s) for which water is used: Stockwater,
 (Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
 If irrigation, total number of acres irrigated: _____
4. Priority Date
 - a) Date of first use: Pre-1909
 - b) Date water use development first initiated: 1900-1903
 - c) Name of party who initiated development: James Hobson + others
5. Amount of water claimed: 1, in CFS or ~~CPM~~
 (Water put to beneficial use)
6. Location of place of use:
29, 32, 33 Sections, Township 27 N Range 13 E
5, 8 Sections, Township 28 N Range 13 E
 (Attach additional pages if necessary)
7. Usual period of use: 1 / 1 / 1 to 12 / 31
 month day month day

8. Remarks: I, Ellis Foster, claim that prior to 1909 livestock was raised on this property. I have been told this by my parents, & by my grandparents, who settled in Coos County in 1865, & by other reliable people. I can provide written documentation, such as patents & deeds, if necessary.

9. Total fees submitted with claim: \$200.00

Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Coos) : ss

I, ELLIS F 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 31st day of December, 1992

Mark E. Stone
NOTARY PUBLIC for the State of Oregon
My commission expires: 3-20-94

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____