

JAN 05 1983

STATE OF OREGON
SALEM, OREGON

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

**SURFACE WATER REGISTRATION STATEMENT
PRE-1909 VESTED WATER RIGHT CLAIM**

1. Name of Registrant: Everett Oxford, James + Patricia Oxford, Lynda Shapiro, Diane + Brent Schauer
Mailing Address: 6670, 6721, 6780 and 6867 Oxford Way
Cross Bay OR 97420 Telephone No: 888-5176

2. Source of water: Days Creek and associated tributaries
Tributary to: Days Slough

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: 1906
b) Date water use development first initiated: 1906
c) Name of party who initiated development: Charles S. Day

5. Amount of water claimed: 0.001, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
13 Sections, Township 26 N S Range 14 E W
____ Sections, Township ____ N/S, Range ____ E/W.
(Attach additional pages if necessary)

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

8. Remarks: Certified Water Rights Examiner map and confirming historical evidence will follow.

9. Total fees submitted with claim: \$ 200.00

Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Coos)

James J. and Patricia A. Oxford
6721 Oxford Way - Crown Point Rd.
Coos Bay, OR 97420
(503) 888-5176 or 888-9876

I, James J. Oxford, 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.

James J. Oxford
Signature of Claimant

Signed and attested before me this 30 day of December, 19 12

Mardina M. Schulz
NOTARY PUBLIC for the State of Oregon
My commission expires: 7-8-94



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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____