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STATE OF OREGON WATER RESOURCES DEPARTMENT

SURFACE WATER REGISTRATION STATEMENT PRE-1909 VESTED WATER RIGHT CLAIM

1. Name of Registrant: DAUID C. Rood Mailing Address: 277 Kontuck Way North Bewu Organ 97459 Telephone No:/-503-736-41883
2. Source of water: <u>Springs</u> & <u>Praiwage</u> D'itches Tributary to: <u>KewTuck</u> Creek Thew To Bay.
3. Purpose(s) for which water is used: STOCK WOTLK (Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.) If irrigation, total number of acres irrigated:
4. Priority Date a) Date of first use: 1907 (approximate) b) Date water use development first initiated: 1900 (approximate) c) Name of party who initiated development:
5. Amount of water claimed:, in CF or GPM (Water put to beneficial use)
6. Location of place of use: Sections, Township 25 N(S)Range 12 E(W.)
Sections, Township 25 NS Range 12 E/W (Attach additional pages if necessary)
7. Usual period of use: 12 month day to month day

8. Remarks: I will have all Dacument and evidency at a later date:
9. Total fees submitted with claim: 200 Stock way
Notarized Statement Signed by Claimant.
STATE OF OREGON) : ss County of)
I, DAULD C Rood , 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 of Claimant
Signed and attested before me this 30th day of 2c., 19 92 OFFICIAL BEAL NOTARY PUBLIC for the State of Oregon My commission expires: 11/24/95 MY COMMISSION EXPIRES 11/24/95
THIS FORM MUST BE ACCOMPANIED BY A MAP PREPARED BY A CERTIFIED WATER RIGHT EXAMINER (CWRE).
Certified Water Right Examiner
Name: Kon a ld E - Stuntzner CWRE#: 126
Address: Po Box 118 Coos Bay, OR 97420 Telephone: 267-2872