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JAN 05 1993

WATER RESOURCES DEPT  
SEASIDE, OREGON

STATE OF OREGON  
WATER RESOURCES DEPARTMENT

GERALDINE JONES  
PO BOX 687  
MYRTLE POINT 97458  
(SEE LETTER)

SURFACE WATER REGISTRATION ST  
PRE-1909 VESTED WATER RIGHT

1. Name of Registrant: Catherine Hermann  
Mailing Address: HC 86 Box 29  
Myrtle Point Oregon Telephone No: 572-2077

2. Source of water: North Fork  
Tributary to: Coquille River

3. Purpose(s) for which water is used: Cattle + Sheep  
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)  
If irrigation, total number of acres irrigated: 30

4. Priority/ Date  
a) Date of first use: 1900 date may change as record become available  
b) Date water use development first initiated: Same as A  
c) Name of party who initiated development: Huntley

5. Amount of water claimed: 0.005, in CFS or GPM  
(Water put to beneficial use)

6. Location of place of use:  
10 A Sections, Township 29S N/S, Range 12E E/W  
10 A Sections, Township 29S N/S, Range 12W E/W  
(Attach additional pages if necessary)

7. Usual period of use: 1 / 1 / 1 to 12 / 1 / 30  
month day month day

8. Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Total fees submitted with claim: \$200

Notarized Statement Signed by Claimant.

STATE OF OREGON )  
County of Coos ) : ss

I, Catherine Hermann, 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.

Catherine Hermann  
Signature of Claimant

Signed and attested before me this 31 day of December, 1992

Mary Glover  
MARY GLOVER  
NOTARY PUBLIC - OREGON  
My Commission Expires 02-28-94

Mary Glover  
NOTARY PUBLIC for the State of Oregon  
My commission expires: 02-28-94

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

Certified Water Right Examiner  
Name: \_\_\_\_\_ CWRE#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_