

JAN 05 1993

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: Stock Slough Livestock Producers Association
Mailing Address: 1050 Stock Slough
Coos Bay, OR 97420 Telephone No: 267-3378
2. Source of water: Stock Slough & tributaries - Jimmy Gulch, Blake Gulch
Tributary to: Catching Inlet (Dingle Dell, Kaino Creek,
Stone Creek, South Meadow Creek,
Laxstrum Gulch & unnamed springs.
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
 - a) Date of first use: 1906
 - b) Date water use development first initiated: 1906
 - c) Name of party who initiated development: A. W. Collver, J.T. Collver
T.M. Collver, Henry Kaino, Emil Stone, Louis Stone.
5. Amount of water claimed: .009, in CFS or GPM
(*Water put to beneficial use*)
6. Location of place of use:
4, 5, 8, & 9 Sections, Township 26 N/S, Range 12 E/W.

_____ Sections, Township _____ N/S, Range _____ E/W.
(*Attach additional pages if necessary*)
7. Usual period of use: 1 / 1 to 12 / 31
month day month day

8. Remarks: Additional confirmation will follow along with map
prepared by certified water right examiner.

9. Total fees submitted with claim: \$200.00

Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Coos) : ss

I, Gordon Ross, 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.

Gordon Ross - Sec - Treas.
Signature of Claimant

Signed and attested before me this 30th day of December, 19 92



Sharon Shinnick
NOTARY PUBLIC for the State of Oregon
My commission expires: 6-17-96

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____