

NOV 17 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: ROBERT N. AND SANDRA L. ROSE	
Mailing Address: Route I Box 161 6523 Hayhurst Rd.	
Yoncalla, Oregon 97499 Telephone No: 503/849-2743	::::::::::::::::::::::::::::::::::::::
2. Source of water: See supplemental sheet	
Tributary to: See supplemental sheet	
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Purpose(s) for which water is used: domestic, irrigation and stockwater	
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)	
If irrigation, total number of acres irrigated:6.0	
4. Priority Date See supplemental sheet	
u) Date of first use.	
b) Date water use development first initiated:	
c) Name of party who initiated development: See supplemental sheet	
The state of the s	1
5. Amount of water claimed: 0.085 , in CFS or GPM	CC3 08
(Water put to beneficial use)	FFREENT My DANGS
12.00	MY DAMES
0. 20cmion of pince of abo.	•
30 & 31 Sections, Township 22 /S, Range 5 ./W. 1862	_
	1-6-94
Sections, Township 11/3, Range E/ 11/	Pallian
(Attach additional pages if necessary)	
7. Usual period of use: / to /	
month day month day	
See supplemental sheet	

	
9. Total fees submitt	ted with claim: \$1800,00 paid 3-8-93
Notarized Statemer	nt Signed by Claimant.
STATE OF OREGO	ON)
County of	: ss
county of	
	ed herein, have read the contents of this claim and nowledge all of the matters stated herein et. Rull Randin G. Bose Signature of Claimant
Signed and attested	before me this 15^{th} day of 19^{th} day of 19^{th}
	Dlenda L. Been
	NOTARY PUBLIC for the State of Oregon My commission expires: June 26, 1995
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TUIC FADM MIIC	T BE ACCOMPANIED BY A MAP PREPARED BY A
eum madi cini	ER RIGHT EXAMINER (CWRE).
CERTIFIED WAT	
CERTIFIED WAT	Certified Water Right Examiner
CERTIFIED WAT	Certified Water Right Examiner Name: JAMES F. GOSSON CWRE#: 54
CERTIFIED WAT	