RECEIVED

## AUG 2 0 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: Charlie H. & Sharon K. Waterman
Mailing Address: Route 1 Box 1518B
Bandon, Oregon 97411 Telephone No: 347-3453
2. Source of water: See Attachment
Tributary to: See Attachment
3. Purpose(s) for which water is used: <u>See Attachment</u>
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)  If irrigation, total number of acres irrigated:
in impation, total number of acres impated.
4. Priority Date  a) Date of first use: See Attachment - October 9, 1891  b) Date water use development first initiated: See Attachment  c) Name of party who initiated development: See Attachment
5. Amount of water claimed: <a href="mailto:Ketachment">Setachment</a> , in CFS or GPM (Water put to beneficial use)
6. Location of place of use: See Attachment Sections, Township N/S, Range E/W.
Sections, Township N/S, Range E/W.  (Attach additional pages if necessary)
7. Usual period of use: Jan / 1 to Dec. / 31 month day

8	. Remarks:
-	
-	
9	. Total fees submitted with claim: _\$400
	Notarized Statement Signed by Claimant.
	STATE OF OREGON )
	: ss County of <u>Coos</u> )
	County of
	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.  Sham K. Waterman  Charles All aterman  Signature of Claimant
S	igned and attested before me this 29 day of December, 19 92
See See	OFFICIAL SEAL NOTARY PUBLIC for the State of Oregon
	NOTARY PUBLIC - OREGON SCOMMISSION NO. 018459 My commission expires: 10 - 25 - 96 My commission expires:
	THIS FORM MUST BE ACCOMPANIED BY A MAP PREPARED BY A SERTIFIED WATER RIGHT EXAMINER (CWRE).
	Certified Water Right Examiner
	Name: Forest Hales CWRE#: 059
	Address: 1490 N. Ivy Street, Coquille, Oregon
	Telephone: 396-2596