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WATER RESOURCES DEPT.
SALEM, OREGON

JUN 16 1993

STATE OF OREGON
SALEM, OREGON

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

**SURFACE WATER REGISTRATION STATEMENT
PRE-1909 VESTED WATER RIGHT CLAIM**

1. Name of Registrant: Ray S. and Bessie Waterman
Mailing Address: Route 1 Box 1675
Bandon, Oregon 97411 Telephone No: 347-3446

2. Source of water: See Attachment
Tributary to: See Attachment

3. Purpose(s) for which water is used: See Attachment
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: _____

4. Priority Date
 - a) Date of first use: See Attachment - January 31, 1908
 - b) Date water use development first initiated: See Attachment
 - c) Name of party who initiated development: See Attachment

5. Amount of water claimed: See Attachment, 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 month day

8. Remarks: _____

9. Total fees submitted with claim: \$400⁰⁰

Notarized Statement Signed by Claimant.

STATE OF OREGON)
: ss
County of Coos)

I, Ray & Bessie Waterman, 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.

Bessie Waterman
Ray Waterman
Signature of Claimant

Signed and attested before me this 21 day of December, 19992



Marcy Patridge
NOTARY PUBLIC for the State of Oregon
My commission expires: 3-24-95

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

Certified Water Right Examiner

Name: Forest Hales CWRE#: 059

Address: 1490 N. Ivy Street, Coquille, Oregon

Telephone: 396-2596