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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: Thomas W. Davis
Mailing Address: RF. 2 1085 Prosper Road
Bandon OR 97411 Telephone No: 503-469-5282

2. Source of water: unnamed stream
Tributary to: Coguille River

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

4. Priority Date
a) Date of first use: 15 October 1903
b) Date water use development first initiated: 15 October 1903
c) Name of party who initiated development: Fred Helgren

5. Amount of water claimed: .01 CFS, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
16 Sections, Township 28 N/S Range 14 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: _____

9. Total fees submitted with claim: \$ 300

Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Curry) : ss

I, THOMAS W DAVIS, 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.

Thomas W Davis
Signature of Claimant

Signed and attested before me this 14 day of Dec, 19 93



Rose M Harrell
NOTARY PUBLIC for the State of Oregon
My commission expires: 3-21-97

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

Certified Water Right Examiner
Name: _____ CWRE#: _____
Address: _____
Telephone: _____