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WATER RESOURCES DEPT.
SALEM, OREGON

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**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

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

1. Name of Registrant: EUGENE A. HAGGERTY
Mailing Address: 1022 San Luis Circle - 618
Dailey City, CA 94014 Telephone No: 415-586-0898

2. Source of water: Unnamed Stream
Tributary to: SMITH RIVER

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

4. Priority Date 1906 (first house)
a) Date of first use: _____
b) Date water use development first initiated: 1906
c) Name of party who initiated development: Raymond Dailey

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

6. Location of place of use:
① 33 Sections, Township 20 N/S, Range 10 E/W.
② 34/37/38 Sections, Township 20 N/S, Range 10 E/W.
(Attach additional pages if necessary)
③ 33 Section, Township 20 N/S, Range 10 E/W

7. Usual period of use: 1 / 1 to 12 / 31
month day month day

8. Remarks: I have hired Harvey Wilcox
and request extension of time for completion of this
application to December 31, 1993. (See attached letter).

9. Total fees submitted with claim: \$200 domestic; \$200 stockbroking

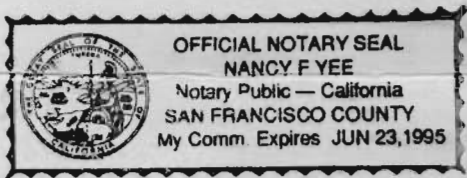
Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of San Francisco : SS

I, Eugene A. Haggerty, 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.

Eugene A. Haggerty
Signature of Claimant

Signed and attested before me this 30th day of Dec., 1992



Nancy F. Yee
NOTARY PUBLIC for the State of Oregon
My commission expires: 6/23/95

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

*Map one week later
(See extension request
above.)*

Certified Water Right Examiner
Name: HARVEY WILCOX CWRE#: 142
Address: 3190 North Lake Road
Lake side, OR 97449
Telephone: 503-759-4467