

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

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

1. Name of Registrant: TOM OR ARLENE GUERIN
Mailing Address: HC 85 Box 26
Myrtle Point, Oregon 97458 Telephone No: 503/572-2566

2. Source of water: South Fork Coquille River and an un-named stream
Tributary to: Coquille River

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

4. Priority Date
a) Date of first use: 1863
b) Date water use development first initiated: 1863
c) Name of party who initiated development: John Berry

5. Amount of water claimed: 0.005, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
21 Sections, Township 29 /S, Range 12 /W.
_____ Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)

7. Usual period of use: _____ / _____ to _____ / _____
month day month day
YEAR AROUND

8. Remarks: _____

9. Total fees submitted with claim: \$200

Notarized Statement Signed by Claimant.

STATE OF OREGON)
: ss
County of Coos)

I, Delilah E. Swenson, 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.

Delilah E. Swenson
Signature of Claimant

Signed and attested before me this 10th day of April, 19 92

Delilah E. Swenson
NOTARY PUBLIC for the State of Oregon
My commission expires: 6-21-92

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

Certified Water Right Examiner

Name: JAMES F. GOSSON CWRE#: 54

Address: 580 S. State Street Sutherlin, Oregon 97479

Telephone: 503/459-2243