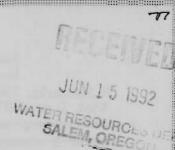
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WATER RESOURCES DEPT.
SALEM, OREGON



STATE OF OREGON WATER RESOURCES DEPARTMENT

SURFACE WATER REGISTRATION STATEMENT PRE-1909 VESTED WATER RIGHT CLAIM

Name of Registrant: _Mailing Address:	2904 Summers Lane		
Mailing Address:	97603	Telephone No: _	882-2637
		of the Coquille River	A STATE OF THE STA
Tributary to: Coq	ille River		
Purpose(s) for which s	vater is used:	Irrigation, Domestic	
		lydrcelectric power, Industrial	Etc.)
If irrigation, total num		AND THE PERSON AND TH	,,
	1/2/1/20	136 Fall [M]	
		2:101	ACREAC MAR= 11-
Priority Date	* 4	1	
a) Date of first use: _	Apr. 187	9	- 110 = 117
b) Date water use de	velopment fir	st initiated: Apr. 1886	- MAG- 11-
c) Name of party wh	o initiated de	velopment: John S. Coke	
	. 1 0 065	CITY CITY	France 11
. Amount of water cia		in CFS or GPM	
		o beneficial use, gation: 62.83 GPM	
Location of place of	770 3	stic: 56.1 GPM	
4 4		8 M/S, Range 10 M/V	AJ
Scctions,	TOWNSHIP	- H/J, Kange 10	
10 Sections.	Township 28	M/S, Range 10 I/V	V.
	additional page		
. Usual period of use:	May / 1	to Sept. / 30	Tours
. Osual period of use.			
. Osual period of use.		y month day	- Irrigation

most of the people who owned this property through the early 8. Remarks: 1900's. It was by pure chance that I learned late in 1991 that I needed to file this statement. For whatever reason, I did not receive any notice. Being conservation oriented I intend to use only what water I absolutely need with due consideration for the needs of fish, game, and neighbors. 9. Total fees submitted with claim: \$230.00 Notarized Statement Signed by Claimant. STATE OF OREGON : SS County of KLAMATH I, WALLACE R. STINSON , 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. Signature of Claimant 10th day of June Signed and attested before me this MOTARY RUBLIC for the State of Oregon My commission expires: ___ THIS FORM MUST BE ACCOMPANIED BY A MAP PREPARED BY A CERTIFIED WATER RIGHT EXAMINER (CWRE).
Please see enclosed copy of --ORDER APPROVING Certified Water Right Examiner REQUEST FOR EXCEPTION In lieu of a CWRE it is Name: Michael J. Stinson CWRE#: N/A ORDERED that Michael J. Stinson may prepare the Surface Water Address: 4030 Mack Avenue, Klamath Falls, OR 97603 Registration map for Wallace R. Stinson Telephone: Oreg. State Hwy. Office phone-8835665 Recorded in Special Order Records at Volume 46, Page 214.

Having lived in the area as a boy and as a young man I knew