



TELEPHONE (503) 267-2872
FAX (503) 267-0588

705 SO. 4TH, P.O. BOX 118
COOS BAY, OREGON 97420

PRE-1909 Claim of Beneficial Use and Site Report SWR-363

Portions of Section 2 & 11, T. 28 S., R. 10 W. W. M.

NOVEMBER 16, 1993

MAR 24 1994

WATER RESOURCES DEPT
SALEM, OREGON

INFORMATION:

Permittee: Harold Hancock
136A Sitkum Route
Myrtle Point OR, 97458
(503) 572-3477

I met Mr. Hancock at the site on November 11, 1993. Mr. Hancock showed me the places of use and the P.O.D. Mr. Hancock indicated that the uses have been the same since May 3, 1905. I also noted that except for the two stock watering sites the remainder of the stream was fenced to keep the stock out.

SOURCES:

The source of water for stock watering and domestic use is the East fork of Brummit Creek tributary of the Coquille River.

DIVERSION POINT:

The P.O.D. is a Dayton Jet Pump with a 3/4 horsepower motor, the pump will produce 10 - 12 GPM. An eleven foot section of 1 1/4" PVC with a foot valve on the end draws from the creek. This P.O.D. is used solely for Domestic uses and is located North 621 feet and 579 feet East of the West 1/16 corner of section 2/11 Township 28 South, Range 10 West Willamette Meridian.

MOTOR/PUMP:

Dayton Jet Pump Model 3K 983 3/4 Horsepower, 3450 RPM'S, 1 1/4" intake and a 1 1/4" discharge.

PIPE:

The pipe is black plastic 1 1/4" in diameter. A total length of 600 feet is used, 300 feet to the place of use at the residence and 300 feet to the hose bibs at the equipment shed and garden area behind the shed.

USES:

The P.O.D.'s primary uses are domestic and irrigation of .10 acres of garden area. The livestock have access to the stream at two places.

AMOUNT REQUESTED: (Calculations)

Domestic including .2 acres of lawn and garden.

$$.01 \text{ CFS} = 4.48 \text{ GPM}$$

Livestock 23 Head cattle
(9 pregnant)
1 Horse

$$\begin{array}{l} \underline{24 @ 15 \text{ gal/day/hd}} \\ 360 \text{ gallons/day} \end{array} = .25 \text{ GPM}$$

After Calving 33± Head of stock
33 @ 15 gal/ day/hd.
495 gallons/day

$$= .34 \text{ GPM}$$

$$\underline{\text{Claim of Beneficial Use: } 4.82 \text{ GPM}}$$

LIFT:

The irrigated area is 11 feet higher than the P.O.D. the elevation difference was obtained by a hand tape and clinometer. The pump feeds a 52 gallon pressure tank, the PSI setting has a low shut-off setting of 20 PSI and a high setting of 40 PSI. The pressure and flow were tested at the equipment shed, the PSI gauged 30 PSI, and the flow measured 6 GPM.

HEADS:

Irrigation - 3 Rainbird # 25 with a 1/8" nozzle size
Discharge chart - # 25 Rainbird @ 30PSI. = 2.2 GPM

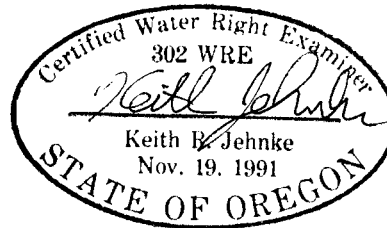
3 @ 2.2GPM ea. = 6.6 GPM

SURVEY TIE / POINT OF BEGINNING

The P.O.D. was tied to the West 1/16 corner of section 2/11, T28S, R10W. The corner and P.O.D. were located in person and the bearing and distances were obtained by using hand compass and pacing, aerial photo, and calculations from assessors map 28 10 02 & 28 10 11. Coos County. The P.O.D. is 849 feet North 43 degrees East of the corner.

CONCLUSION / REMARKS

The final proof survey and inspection of PRE-1909, SWR - 363 was completed on November 16, 1993 and the facts contained in this report and accompanying final proof map are correct to the best of my knowledge.



I, Harold M. Hancock, agree to the findings of the CWRE and do submit this site report and map as Claim of Beneficial Use of the water as provided under the terms of our SWR - 363.

Dec 28, 1993
Date

Harold M Hancock
Harold M. Hancock

HAROLD M. HANCOCK
CERTIFIED PUBLIC ACCOUNTANT
~~XXXXXXXXXX~~ 136-A Sitkum Rt.
MYRTLE POINT, OREGON 97458
(503) 572-~~XXXX~~3477

RECEIVED
NOV - 1 1993

WATER RESOURCES DEPT.
SALEM, OREGON

October 29, 1993

Oregon Water Resources Dept.
3850 Portland Rd. NE
Salem, OR 97310

re: Registration statement # SWR-363

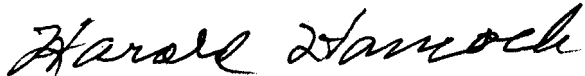
Gentlemen/Ladies:

My CWRE has need of a copy of ~~xxxxxxx~~ my original application form. My application was submitted December 31, 1992 and receipt # 95817 bearing that date was issued to me.

Please send a copy of myform to Mr Tom Hozall c/o Stuntzner Engineering
705 S. 4th
Coos Bay, OR

Your attention to the foregoing will be appreciated.

Very truly yours,



Harold M. Hancock

HAROLD M. HANCOCK
CERTIFIED PUBLIC ACCOUNTANT
~~XXXXXXXXXXXX~~ 136-A Sitkum Route
MYRILE POINT, OREGON 97458
(503) 572-~~XXXX~~ 3477

May 5, 1993

Mr. Don Knauer
Water Resources Dept.
3850 Portland Rd. NE
Salem, OR 97310

MAY 7 1993
WATER RESOURCES DEPT.
SALEM, OREGON

re: SWR-363

Dear Mr. Knauer:

Receipt of your March 18, 1993 letter is acknowledged. Pursuant thereto please be advised that the CWRE that I have retained to prepare our required registration statement map is: Stuntzner Engineering
705 S. 4th
Coos Bay, Oregon

Please contact Stuntzner Engineering at your convenience.

Very truly yours,



Harold M. Hancock

cc: Stuntzner Engineering

500
20.00 AC.

RECEIVED

DEC 30 1992

WATER RESOURCES DEPT
SALEM, OREGON

30 2747.00
3.50, 11.00
N 0°17'05"E 2747.00

600
57.42
44.85
102.3
82.5
108.2
48.5
44.2
108.4
38.30
78.8
95.04
113.5
70.8
208.2

700
115.71 AC.

W. FORK BRUMMIT CREEK

CS 26B 41

600
4.29
AC.

N 0°19'17"E 2747.94'

EAST

3

1322.24'

1322.24'

11

200
20.43 AC.

100
159.83 AC
CREEK

BLM

WEST

300
5.91 AC.

400
14.10 AC.

FORK

BRUMMIT

SEE CS 28A58 & 26B8

500
38.10 AC.

BRUMMIT

1000
198.51 AC

500

2854.5

1327.2

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RECEIVED

AUG 03 1999

WATER RESOURCES DEPT.
SALEM, OREGON

Dear Mr. Brown,

In 1993 my husband, Harold Hancock, and I began the process of applying for water rights, specifically the Pre 1909 vested water right. I believe the file number for this was SWR-363. We were at the point of doing the research to support the claim when my husband was killed in a car accident. Mr. Brown, I was in no frame of mind to complete the research so I just dropped it and applied for regular water rights. The enclosed map and Beneficial use Report are for the same system, now known as Permit 52687. The originals are in your office. Herb, in your water rights section instructed me to note the

change, sign, and send the
papers to you. You may call
me at 541 572-3477.

Thank you for your assistance

Boazie Hatcock

RECEIVED

AUG 03 1999

WATER RESOURCES DEPT.
SALEM, OREGON

Oregon

RECEIVED

AUG 03 1999
WATER RESOURCES DEPT.
SALEM, OREGON

WATER
RESOURCES
DEPARTMENT

April 7, 1994

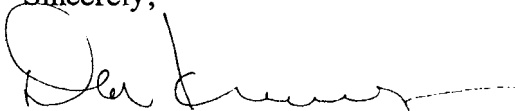
HAROLD M HANCOCK
136A SITKUM ROUTE
MYRTLE POINT OR 97458

RE: SWR-363

Dear Mr Hancock,

This will acknowledge the receipt of map to support your pre-1909 vested water right claim. I have added the map to the file. Thank you for your attention to this matter. If you have any questions, please give me a call. The toll free number is 1-800-624-3199.

Sincerely,



Don Knauer
Adjudication Specialist

J:\W\SI\13\SWR-0363.004



Commerce Building
158 12th Street NE
Salem, OR 97310-0210
(503) 378-3739
FAX (503) 378-8130



Oregon

John A. Kitzhaber, M.D., Governor

Water Resources Department

Commerce Building
158 12th Street NE
Salem, OR 97310-0210
(503) 378-3739
FAX (503) 378-8130

RECEIVED

AUG 03 1999

WATER RESOURCES DEPT.
SALEM, OREGON

June 24, 1999

BONNIE HANCOCK
136A SITKUM RT
MYRTLE POINT OR 97458

REFERENCE: File 74713

This letter is in regard to your water use Permit 52687. As we pointed out to you in our letter of September 29, 1998 your claim of beneficial use must be received in this office by **September 21, 1999**.

Oregon Administrative Rule 690-14-190 states: "The claim of beneficial use shall be submitted to the Department within one year after the use was reported..as being complete...Failure to comply with this section shall cause the Director to initiate permit cancellation proceedings as provided by ORS 537.260."

The "claim" consists of a site report and map of the developed use prepared by a Certified Water Rights Examiner (if stored water is 9.2 or more acre-feet), which accompany a request from the permittee for issuance of a certificate of water right. If stored water is less than 9.2 acre-feet and if there is no secondary water right that permits the diversion of water from the reservoir you may be able to prepare your own claim of beneficial use.

You are hereby notified that unless your claim is received on or before **September 21, 1999**, your permit will be canceled without further notice.

If you have any questions, please contact the Water Rights Section.

Sincerely,

DALLAS MILLER
Water Rights Specialist

DM:jh

cc: John Drolet, Watermaster
Keith Jehnke, CWRE

CERTIFIED - RETURN RECEIPT REQUESTED

NOW PERMIT 52687

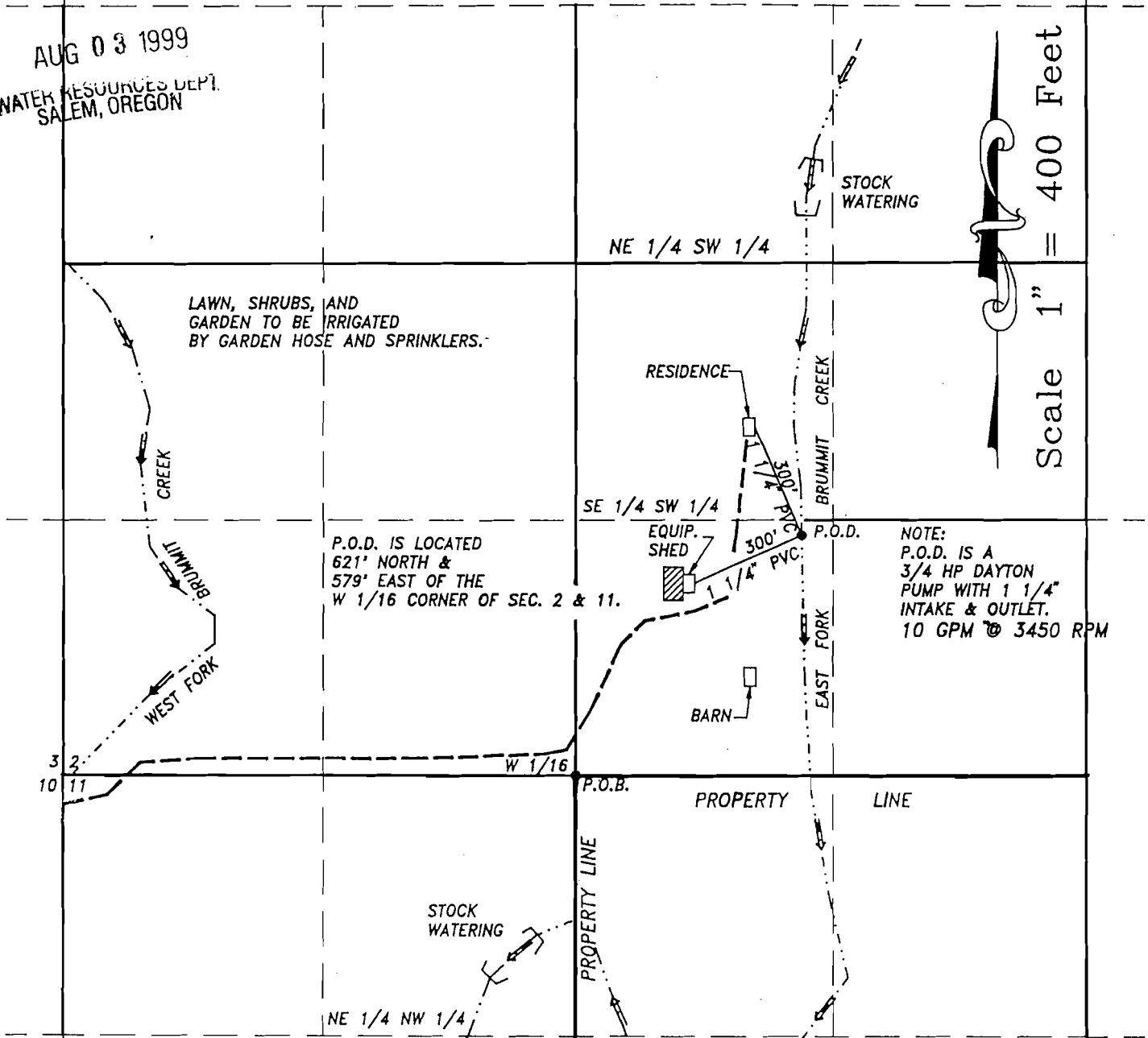
~~PRE-1909~~ VESTED WATER RIGHT

Area of use located in the NE 1/4 SW 1/4, SE 1/4 SW 1/4 of Sec. 2 and the NE 1/4 NW 1/4 of Sec. 11 Township 28 S. Range 10 W. W.M., Coos County, Oregon

SWR - 363

RECEIVED

AUG 03 1999
WATER RESOURCES DEPT.
SALEM, OREGON

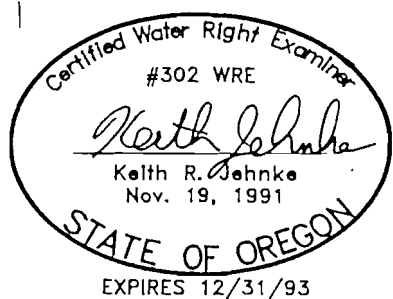


P.O.D. IS LOCATED
621' NORTH &
579' EAST OF THE
W 1/16 CORNER OF SEC. 2 & 11.

NOTE:
P.O.D. IS A
3/4 HP DAYTON
PUMP WITH 1 1/4"
INTAKE & OUTLET.
10 GPM @ 3450 RPM

Scale 1" = 400 Feet

Prepared for Harold M. Hancock
Surveyed by Dennis Goude
Surveyed on 11-16-93
APPLICATION #
PERMIT #



- LEGEND
- P.O.D (POINT OF DIVERSION)
 - P.O.B. (POINT OF BEGINNING)
 - ↔ IN-STREAM STOCK WATERING
 - ▨ IRRIGATED AREA (0.1 AC.)
 - ROAD
 - CREEK

EXAMINERS DISCLAIMER STATEMENT

The preparation of this map was for the purpose of identifying the location of the Water Right only and has no intent to provide dimensions or location of



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COOS BAY, OREGON 97420

Now ~~PRE-1909~~ Claim of Beneficial Use and Site Report SWR-363
PERMIT Portions of Section 2 & 11, T. 28 S., R. 10 W. W. M.
52687 NOVEMBER 16, 1993

RECEIVED

AUG 08 1999

WATER RESOURCES DEPT.
SALEM, OREGON

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136A Sitkum Route
Myrtle Point OR, 97458
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WATER RESOURCES DEPT.
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PIPE:

The pipe is black plastic 1 1/4" in diameter. A total length of 600 feet is used, 300 feet to the place of use at the residence and 300 feet to the hose bibs at the equipment shed and garden area behind the shed.

USES:

The P.O.D.'s primary uses are domestic and irrigation of .10 acres of garden area. The livestock have access to the stream at two places.

AMOUNT REQUESTED: (Calculations)

Domestic including .2 acres of lawn and garden.

$$.01 \text{ CFS} = 4.48 \text{ GPM}$$

Livestock	23 Head cattle (9 pregnant) 1 Horse <u>24 @ 15 gal/day/hd</u> 360 gallons/day	=	.25 GPM
-----------	---	---	---------

After Calving	33± Head of stock <u>33 @ 15 gal/ day/hd</u> 495 gallons/day	=	.34 GPM
---------------	--	---	---------

Claim of Beneficial Use: 4.82 GPM

LIFT:

The irrigated area is 11 feet higher than the P.O.D. the elevation difference was obtained by a hand tape and clinometer. The pump feeds a 52 gallon pressure tank, the PSI setting has a low shut-off setting of 20 PSI and a high setting of 40 PSI. The pressure and flow were tested at the equipment shed, the PSI gauged 30 PSI, and the flow measured 6 GPM.

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AUG 03 1999

WATER RESOURCES DEPT.
SALEM, OREGON

3 @ 2.2GPM ea. = 6.6 GPM

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CONCLUSION / REMARKS

The final proof survey and inspection of PRE-1909, SWR - 363 was completed on November 16, 1993 and the facts contained in this report and accompanying final proof map are correct to the best of my knowledge.

I, Harold M. Hancock, agree to the findings of the CWRE and do submit this site report and map as Claim of Beneficial Use of the water as provided under the terms of our SWR - 363.

7-29-99
Date

Bozzie Hancock
Harold M. Hancock (DECEASED)

CERTIFICATION OF VITAL RECORD

RECEIVED

TYPE OR PRINT IN PERMANENT BLACK INK

OREGON DEPARTMENT OF HUMAN RESOURCES AUG 03 1999
 HEALTH DIVISION
 CENTER FOR HEALTH STATISTICS WATER RESOURCES
CERTIFICATE OF DEATH 136 SALEM, OREGON
State File Number

158719 I.D. TAG NO.

240 Local File Number

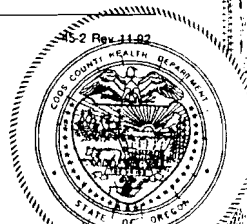
	1. DECEDENT'S NAME Harold Marcus HANCOCK	2. SEX M	3. DATE OF DEATH (Month, Day, Year) April 18, 1994
	4. SOCIAL SECURITY NUMBER 560-32-4970	5a. AGE: Last Birthday (Years) 62	5b. Under 1 Year Mos Days 62
	5c. Under 1 Day Hours Mins. 62	6. BIRTHPLACE (City and State or Foreign Country) Jefferson, AL	7. DATE OF BIRTH (Month, Day, Year) August 18, 1931
DECEDENT	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) rural road		
1	9b. FACILITY NAME (If not institution, give street and number) Sitkum Rt. Mile Post 35		9c. CITY, TOWN, OR LOCATION OF DEATH Myrtle Point
	9d. COUNTY OF DEATH Coos		
2	10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Certified Public Act		10b. KIND OF BUSINESS/INDUSTRY Accounting
3	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed, Divorced (Specify)) Bonnie Hancock
4	13a. RESIDENCE - STATE OR	13b. COUNTY Coos	13c. CITY, TOWN OR LOCATION Myrtle Point
	13d. STREET AND NUMBER 136 A Sitkum Rt.		
5	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify: Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE American Indian, Chinese, etc. White
6	16. DECEDENT'S EDUCATION (Specify) <input type="checkbox"/> Elementary/Secondary (0-12) <input type="checkbox"/> College (14 or 5+) 97458 5+		
PARENTS	17. FATHER - NAME first middle last Marcus - Hancock		18. MOTHER - NAME first middle maiden Dollie-Crawford
	19. INFORMANT - NAME and relationship to deceased Bonnie Hancock wife		
DISPOSITION	20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Lower Umpqua Crematorium
7	20c. LOCATION - City or Town, State Reedsport, Oregon		
8	21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Ernest C. Amling</i>		21b. LICENSE NUMBER (Of Licensee) 3006
9	22. NAME, ADDRESS AND ZIP OF FACILITY 97458 Amling/Schroeder Funeral Service 404 7th Street Myrtle Point, Or		
REGISTRAR	23. DATE FILED (Month, Day, Year) April 21, 1994		24. REGISTRAR'S SIGNATURE <i>Marion Mason</i>
	25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
CERTIFIER	27. TIME OF DEATH M <input type="checkbox"/> Yes <input type="checkbox"/> No		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No
10	29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>G.R. Bassett MD</i>		
11	30. DATE SIGNED (Month, Day, Year) April 21, 1994		
12	31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) G.R. Bassett MD Coos Co Health Dept Coquille OR 97423		
13	32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		
14	33. DATE SIGNED (Month, Day, Year) April 21, 1994		
CAUSE OF DEATH	34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) (Do not enter more than one cause per line.) PART I (a) Multiple Traumatic Injuries DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death minutes Interval between onset and death
15	PART I (b) _____ DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death
16	PART I (c) _____ DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death
17	PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown
	40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	41a. DATE OF INJURY (Month, Day, Year) Found April 18, 1994	41b. TIME OF INJURY FOUND 4:00 AM	39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41d. DESCRIBE HOW INJURY OCCURRED Driver, sole occupant; pick-up truck left road, went over steep bank	
	41e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) rural road	41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Sitkum Rt, MP 35, unincorporated, OR	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL VITAL STATISTICS COPY REGISTERED AT THE OFFICE OF THE COOS COUNTY REGISTRAR

DATE ISSUED

APR 21 1994

G.R. Bassett MD
G.R. BASSETT, M.D.
COUNTY REGISTRAR
COOS COUNTY, OREGON



BONNIE
HAROLD M HANCOCK CPA



Bonnie Hancock
136A Sitkum Rt.
Myrtle Point, OR 97458

Fold at line over top of envelope to
the right of the return address

CERTIFIED

Z 326 758 211

MAIL



0000



97310

Attention: Mr Steve Brown
Water Resources Department
Commerce Building
158 12th St. NE
Salem, OR 97310-0210

CONFIDENTIAL

SURFACE WATER REGISTRATION CHECKLIST

(received after July 18, 1990)

CHECK BASIN MAP det NAME Santa Clara # 17 UNADJUDICATED AREA ? YES
 RECEIPT # 95317 S W R NUMBER 363
 CHECK ENCLOSURES det PRELIMINARY DATA BASE ENTRY DUP
 ACKNOWLEDGEMENT LETTER det ENTER ON STREAM INDEX _____
 CHECK QUADRANGLE MAP _____ CHECK GLO PLATS _____
 WATERMASTER CHECKLIST _____ PUBLIC NOTICE PUBLICATION NOV

FORM REVIEW

- _____ blanks filled in
- _____ signed
- _____ date received stamped

Stock	1221	200	MAP REVIEW
✓	✓	✓	source and trib
	✓	✓	diversion point location
	✓	✓	conveyances (pipes, ditch, etc.)
✓	✓	✓	place of use
			scale
			township, range, section
			north arrow
			CWRE stamp
			disclaimer
			date survey was performed
			P.O.B. of survey
	✓	✓	dimensions and capacity of diversion system
		✓	"beneficial use" type title
			"permanent-quality" paper

WATER RIGHT RECORD CHECK _____ FIELD INSPECTION _____
 FINAL FILE REVIEW _____ FINAL DATA BASE ENTRY _____
 ENTER ON PLAT CARDS _____

April 7, 1994

HAROLD M HANCOCK
136A SITKUM ROUTE
MYRTLE POINT OR 97458

RE: SWR-363

Dear Mr Hancock,

This will acknowledge the receipt of map to support your pre-1909 vested water right claim. I have added the map to the file. Thank you for your attention to this matter. If you have any questions, please give me a call. The toll free number is 1-800-624-3199.

Sincerely,



Don Knauer
Adjudication Specialist

J:\W\S\C\3\SWR-0363.004



Commerce Building
158 12th Street NE
Salem, OR 97310-0210
(503) 378-3739
FAX (503) 378-8130

November 1, 1993

STUNTZNER ENGINEERING
PO BOX 118
COOS BAY OR 97420

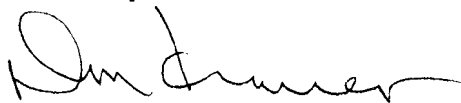
RE: Surface Water Registration Map SWR-363

Dear MR STUNTZNER,

HAROLD M HANCOCK has indicated to the Oregon Water Resources Department (WRD) that you have been hired to prepare the claim of beneficial use map for their Surface Water Registration Statement. Would you please inform me of your anticipated schedule of map preparation and submission to the WRD.

Please mark all correspondence related to this claim with the file number SWR-363.

Sincerely,



Don Knauer
Adjudication Specialist

J:\WP51\SWR\CLAIMANT\3\SWR-0363.003



May 11, 1993

STUNTZNER ENGINEERING
PO BOX 118
COOS BAY OR 97420

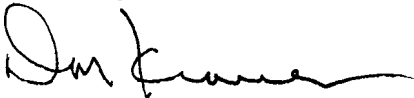
RE: Surface Water Registration Map

Dear MR STUNTZNER,

HAROLD M HANCOCK has indicated to the Oregon Water Resources Department (WRD) that you have been hired to prepare the claim of beneficial use map for their Surface Water Registration Statement. Would you please inform me of your anticipated schedule of map preparation and submission to the WRD.

Please mark all correspondence related to this claim with the file number SWR-363.

Sincerely,



Don Knauer
Adjudication Specialist

J:\WP51\SWR\CLAIMANT3\SWR-0363.002



3850 Portland Rd NE
Salem, OR 97310
(503) 378-3739
FAX (503) 378-8130

March 18, 1993

HAROLD M HANCOCK
136A SITKUM RT
MYRTLE POINT OR 97458

Dear MR HANCOCK,

This will acknowledge that your Surface Water Registration Statement in the name of HAROLD M HANCOCK has been received by our office. The fees in the amount of \$460.00 have been received and our receipt #95817 is enclosed. Your registration statement has been numbered SWR-363.

The map you submitted with your claim is not acceptable. ORS 539.240 (2) (d) requires the map be prepared by a Certified Water Right Examiner (CWRE). Within 60 days of this letter you must send a letter to this address indicating you have contracted with a CWRE to prepare your map. You should send your letter to my attention. In your letter you must identify the name of the CWRE who will prepare your registration statement map. We will contact the CWRE to arrange a map submittal deadline.

We will not be able to process your claim until we have received your map. If you have any questions regarding this process, please do not hesitate to give me a call.

Please feel free to contact this office if you have any questions.

Sincerely,



Don Knauer
Adjudication Specialist

Enclosure

C:\WP51\SWR\CLAIMANT\SWR-0363.001



STATE OF OREGON
WATER RESOURCES DEPARTMENT
 3850 PORTLAND ROAD NE
 SALEM, OR 97310
 378-8455/378-8130 (FAX)

RECEIPT # **95817**

RECEIVED FROM: <u>Harold H. Hancock, CPA</u>	APPLICATION
BY: _____	PERMIT
	TRANSFER

CASH: <input type="checkbox"/>	CHECK: # <input checked="" type="checkbox"/> <u>96 455</u>	OTHER: (IDENTIFY) <input type="checkbox"/>	TOTAL REC'D \$ <u>460.00</u>
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01-00-0 WRD MISC CASH ACCT		
842.010	ADJUDICATIONS	\$ <u>460.00</u>
831.087	PUBLICATIONS/MAPS	\$
830.650	PARKING FEES Name/month	\$
	OTHER: (IDENTIFY)	\$

REDUCTION OF EXPENSE		
CASH ACCT.		\$
COST CENTER AND OBJECT CLASS	VOUCHER #	

03-00-0 WRD OPERATING ACCT		
MISCELLANEOUS:		
840.001	COPY FEES	\$
850.200	RESEARCH FEES	\$
880.109	MISC REVENUE: (IDENTIFY)	\$
520.000	OTHER (P-6): (IDENTIFY)	\$
WATER RIGHTS:		
842.001	SURFACE WATER	\$
842.003	GROUND WATER	\$
842.005	TRANSFER	\$
WELL CONSTRUCTION		
842.022	WELL DRILL CONSTRUCTOR	\$
842.016	WELL DRILL OPERATOR	\$
	LANDOWNER'S PERMIT	\$

06-00-0 WELL CONST START FEE		
842.013	WELL CONST START FEE	\$
	MONITORING WELLS	\$
	CARD #	
	CARD #	

45-00-0 LOTTERY PROCEEDS		
864.000	LOTTERY PROCEEDS	\$

07-00-0 HYDRO ACTIVITY		
842.011	POWER LICENSE FEE(FW/WRD)	\$
842.115	HYDRO LICENSE FEE(FW/WRD)	\$
	HYDRO APPLICATION	\$

RECEIPT # **95817** DATED: 12/31/92 BY: C Engel
 Distribution—White Copy-Customer, Yellow Copy-Fiscal, Blue Copy-File, Buff Copy-Fiscal