

Don:

7-5-99

Please send:

Please send form for →
SW #30

Please send maps if any

#15
470

WAITING ON CURR

297

585

583

432

572

508

397

WAITING ON CURR

Jim Simpson

RECEIVED

JAN 31 1994

WATER RESOURCES DEPT
SALEM, OREGON

312 Larsson Way
North Bend, OR
Jan. 26, 1994

Water Resources Dept.
Salem, OR
Don Krauer

Dear sir:

I am writing about the requirement of having a map and survey report made by a Water Right Examiner. I am not against the idea, but I feel I just can't afford, what it will cost.

My husband passed away six years ago. I am on social security. This is what my income amounts too.

This property has been in my family from the early 1900's. The creek has always been used for cattle to get to water.

I hope you can understand my position on this. Thank you.

Sincerely, Helen Curley

Phone 756-4393

See

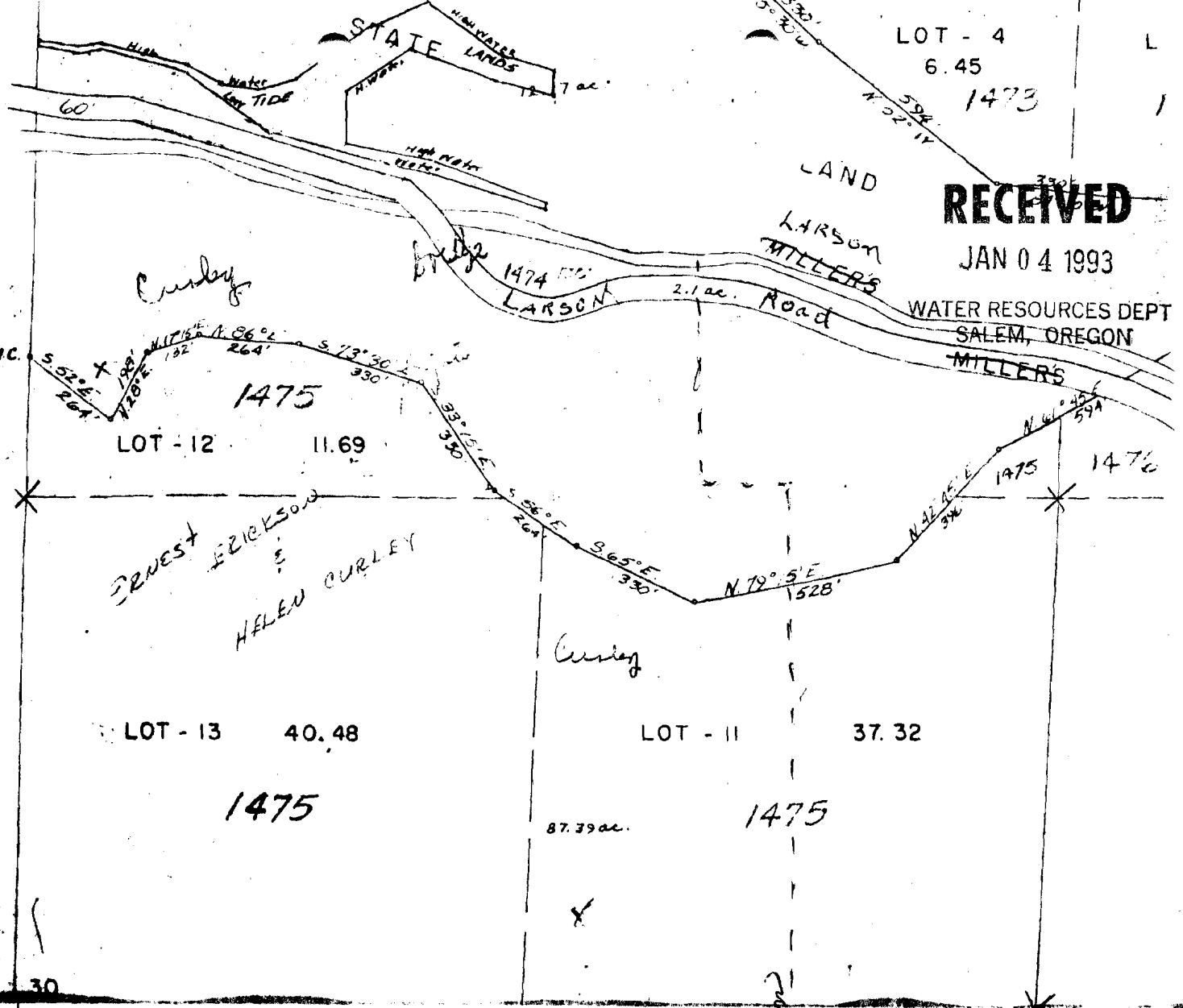
LOT - 4
6.45

RECEIVED

JAN 04 1993

WATER RESOURCES DEPT
SALEM, OREGON

MILLERS



25 30

36

31

Curley
ERNEST ERICKSON
&
HELEN CURLEY

LOT 1 40.22

1481

Curley
Barton

Stream

40 ac.

1480

above property Sections 30, 31
Township 24 Range 12W Coos County

February 1, 1994

Oregon

WATER
RESOURCES
DEPARTMENT

HELEN CURLEY
312 LARSON WAY
NORTH BEND OR 97459

RE: SWR-470

Dear Ms Curley,

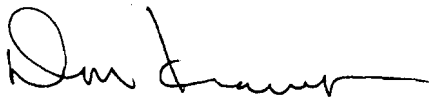
This will acknowledge the receipt of your letter describing your financial position in regards to the requirement of a survey and map by a Certified Water Right Examiner (CWRE). I think I understand your position and can sympathize with you.

Considering your financial position and that your claim is to stockwater directly from a surface water source, it would seem to me that requiring the map would be an unreasonable burden to you. Therefore, at this time I will waive the CWRE map requirement. In the future I will make an inspection of your claimed water use. If, at that time, it appears necessary to have the map prepared, I will make arrangements with you.

It will be quite some time before I visit your area to make inspections, do not worry if you don't hear from me any time soon. I will contact you by mail or phone before any visit.

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\slcl4\swr-0470.003



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

December 14, 1993

OLGA HELEN CURLEY
312 LARSON WAY
NORTH BEND OR 97459

RE: SWR-470


Dear Ms Curley,

I am in the process of reviewing the maps submitted in support of pre-1909 vested water right claims. There may have been some misunderstanding about the required map during the last few months before the December 31, 1992 deadline. As the deadline approached, it was apparent the Water Right Examiners (WRE) would not be able to survey and prepare the required map and site report. We allowed claimants to submit most any kind of map to meet the deadline. We tried to insure claimants understood that the survey, map and site report would be required as soon as the WRE had time to make the field survey and complete the map and report.

The reason I am writing today is about your map. The map submitted does not meet the statutory requirements. I need to know when I might receive the required map from you. I cannot complete my review of your claim without the required map.

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:\WAS\CI4\SWR-0470.002

1-25-94

Mrs Curley told me she is on Social Security - this would
be very hard on her Anniversary - I told her to
write me a letter. *John*



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

April 9, 1993

OLGA HELEN CURLEY
312 LARSON WAY
NORTH BEND OR 97459

Dear MS CURLEY,

This will acknowledge that your Surface Water Registration Statement in the name of OLGA HELEN CURLEY has been received by our office. The fees in the amount of \$200.00 have been received and our receipt #95879 is enclosed. Your registration statement has been numbered SWR-470.

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

SURFACE WATER REGISTRATION CHECKLIST

(received after July 18, 1990)

CHECK BASIN MAP Yes NAME Southern Coast # 17 UNADJUDICATED AREA ? yes
RECEIPT # 95879 S W R NUMBER _____
CHECK ENCLOSURES Yes PRELIMINARY DATA BASE ENTRY _____
ACKNOWLEDGEMENT LETTER Yes ENTER ON STREAM INDEX _____
CHECK QUADRANGLE MAP _____ CHECK GLO PLATS _____
WATERMASTER CHECKLIST _____ PUBLIC NOTICE PUBLICATION Yes

FORM REVIEW

_____ blanks filled in
_____ signed
_____ date received stamped

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 _____

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

RECEIPT # **95879**

RECEIVED FROM: <u>Olga Helen Curley</u> BY: _____	APPLICATION PERMIT TRANSFER
--	-----------------------------------

CASH: <input type="checkbox"/>	CHECK: # <input checked="" type="checkbox"/> <u>2412</u>	OTHER: (IDENTIFY) <input type="checkbox"/>	TOTAL REC'D \$ <u>260.00</u>
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01-00-0 WRD MISC CASH ACCT

842.010	ADJUDICATIONS	\$ <u>260.00</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	\$

EXAM FEE	
\$	842.002
\$	842.004
\$	842.006
EXAM FEE	
\$	842.023
\$	842.019
	842.024

06-00-0 WELL CONST START FEE

842.013	WELL CONST START FEE	\$	CARD #
	MONITORING WELLS	\$	CARD #

45-00-0 LOTTERY PROCEEDS

864.000	LOTTERY PROCEEDS	\$
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07-00-0 HYDRO ACTIVITY

	LIC NUMBER	
842.011	POWER LICENSE FEE(FW/WRD)	\$
842.115	HYDRO LICENSE FEE(FW/WRD)	\$
_____	HYDRO APPLICATION	\$

RECEIPT # **95879** DATED: 1-4-93 BY: [Signature]