STATE OF OREGON WATER RESOURCES DEPARTMENT

SURFACE WATER REGISTRATION STATEMENT PRE-1909 VESTED WATER RIGHT CLAIM

1. Name of Registrant: Wincheste	
Mailing Address: P.O. Box 66 Winchester, Or. 97495	Telephone No: <u>(503)_673-282</u> 1
2. Source of water: <u>North Umpqua</u> Tributary to: <u>Umpqua River</u>	River
3. Purpose(s) for which water is used:	
b) Date water use development firstc) Name of party who initiated deve	Nater Company 100 a.f.in CFS or GPM (non-consumptive)
 Location of place of use: 19 8 30 Sections, Township 26 	_N/S,Range_5E/W
24 <u>& 25</u> Sections, Township <u>26</u> (Attach additional pages t	
7. Usual period of use: Jan. / 01 month day	to <u>Dec.</u> /31 month day

	Barto (540), discusto di Caractificato (540) (540). Ciclos (540)
8. Remarks: <u>Map and s</u> in early 1993.	supporting documents will be submitted
9. Total fees submitted w	vith claim: \$200.00
Notarized Statement Sig	gned by Claimant.
STATE OF OREGON County of Doug 4) : ss - <u>^</u>)
depose and say that I, as water right described he	nd being the claimant of the existing surface erein, have read the contents of this claim and edge all of the matters stated herein Signature of Claimant
	NOTARY PUBLIC for the State of Oregon My commission expires: Q3 - 11 -96 ACCOMPANIED BY A MAP PREPARED BY A
CERTIFIED WATER R	Certified Water Right Examiner
	Name: Edward N. Wood, PE CWRE#: 195
	Address: 311 Smethwick Dr. Umpqua, Oregon 97486 Telephone: (503) 459-2994

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