



STATE OF WASHINGTON
DEPARTMENT OF WATER RESOURCES
DIVISION OF WATER MANAGEMENT

WATER RIGHT CLAIM

RECEIVED
DEPARTMENT OF ECOLOGY

FEB 10 71 003503

CASH OTHER NONE

Office

1. NAME Robert E. Doidge
ADDRESS 3408 So. 316 St.
Auburn, Wash. ZIP CODE 99002

2. SOURCE FROM WHICH THE RIGHT TO TAKE AND MAKE USE OF WATER IS CLAIMED: GROUND
(SURFACE OR GROUND WATER)
W.R.I.A. 13
(LEAVE BLANK)

A. IF GROUND WATER, THE SOURCE IS WELL, 90' DEEP

B. IF SURFACE WATER, THE SOURCE IS _____

3. THE QUANTITIES OF WATER AND TIMES OF USE CLAIMED:

A. QUANTITY OF WATER CLAIMED 10 PRESENTLY USED 5
(CUBIC FEET PER SECOND OR GALLONS PER MINUTE)

B. ANNUAL QUANTITY CLAIMED 2 PRESENTLY USED 1
(ACRE FEET PER YEAR)

C. IF FOR IRRIGATION, ACRES CLAIMED N/A PRESENTLY IRRIGATED _____

D. TIME(S) DURING EACH YEAR WHEN WATER IS USED: CONTINUOUSLY

4. DATE OF FIRST PUTTING WATER TO USE _____ MONTH _____ YEAR 1961

5. LOCATION OF THE POINT(S) OF DIVERSION/WITHDRAWAL: 300 FEET NORTH AND
300 FEET EAST FROM THE CENTER CORNER OF SECTION 27

BEING WITHIN SW + NE 4 OF SECTION 27 T 16 N. R. 1 (EOR W.) W.M.

IF THIS IS WITHIN THE LIMITS OF A RECORDED PLATTED PROPERTY, LOT _____ BLOCK _____ OF

(GIVE NAME OF PLAT OR ADDITION)

6. LEGAL DESCRIPTION OF LANDS ON WHICH THE WATER IS USED: _____

COUNTY Thurston

7. PURPOSE(S) FOR WHICH WATER IS USED: DOMESTIC

8. THE LEGAL DOCTRINE(S) UPON WHICH THE RIGHT OF CLAIM IS BASED: _____

DO NOT USE THIS SPACE

THE FILING OF A STATEMENT OF CLAIM DOES NOT CONSTITUTE AN ADJUDICATION OF ANY CLAIM TO THE RIGHT TO USE OF WATERS AS BETWEEN THE WATER USE CLAIMANT AND THE STATE OR AS BETWEEN ONE OR MORE WATER USE CLAIMANTS AND ANOTHER OR OTHERS. THIS ACKNOWLEDGEMENT CONSTITUTES RECEIPT FOR THE FILING FEE.

DATE RETURNED _____ REGISTRY NUMBER

FEB 10 71 002586

THIS HAS BEEN ASSIGNED
WATER RIGHT CLAIM REGISTRY NO.

John H. Liddler

ASSISTANT DIRECTOR DIVISION OF WATER MANAGEMENT DEPARTMENT OF WATER RESOURCES

I HEREBY SWEAR THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF

X Robert E. Doidge

DATE Feb. 10, 71

IF CLAIM FILED BY DESIGNATED REPRESENTATIVE PRINT OR TYPE FULL NAME AND MAILING ADDRESS OF AGENT BELOW

ADDITIONAL INFORMATION REGARDING WATER QUALITY AND OR WATER QUANTITY IS AVAILABLE

A FEE OF \$2.00 MUST ACCOMPANY THIS WATER RIGHT CLAIM

RETURN ALL THREE COPIES WITH CARRON, INT. DIV. 1001 WITH YOUR FEE TO
DEPARTMENT OF WATER RESOURCES
DIVISION OF WATER MANAGEMENT
UNION AVE. BUILDING 0106A WASHINGTON STATE