

STATE OF OREGON
WATER RESOURCES DEPARTMENT

**SURFACE WATER REGISTRATION STATEMENT
PRE-1909 VESTED WATER RIGHT CLAIM**

1. Name of Registrant: R. IMRIE CONN
Mailing Address: 885 FLOURNOY VALLEY RD.,
ROSEBURG, OR. 97470 Telephone No: (503) 673-6999
2. Source of water: SOUTH UMPQUA RIVER
Tributary to: UMPQUA RIVER
3. Purpose(s) for which water is used: IRRIGATION
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 66-6
4. Priority Date
a) Date of first use: NOV 21, 1964
b) Date water use development first initiated: _____
c) Name of party who initiated development: NARCISSE CONN (CONTINUING)
HENRY CONN; ROSCOE CONN (WALT ELENORE KRUSE; LAURANCES'S
GARDENS - PERMIT # 45253; CHARLES COLLINS
5. Amount of water claimed: APPROX 0.75 ACF/A in CPS or GPM → Now 2.5 ACRE FEET/A.
(Water put to beneficial use) PLEASE REFER PERMIT # 45253
6. Location of place of use:
05 Sections, Township 27 N/S, Range 6 W.
08 Sections, Township 27 N/S, Range 6 W.
(Attach additional pages if necessary)
7. Usual period of use: APRIL 1 01 to OCTO 1 20
month day month day

8. Remarks: PERMIT #45253 ATTACHED
ALSO ATTACHED "T. 27S., R. 6W. WM., SHOWING PARCEL IN SECTION 5,"
DOUGLAS COUNTY, OREGON.

9. Total fees submitted with claim: \$134⁰⁰ (66⁰⁰ x 2⁰⁰ = 134⁰⁰)

Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Douglas) : ss

I, R Innie Conn., 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.

R Innie Conn.
Signature of Claimant

Signed and attested before me this 24 day of December, 1992

Sherry D. Brint
SHERRY D. BRINT
NOTARY PUBLIC-OREGON
My Commission Expires 11-4-93

Sherry D. Brint
NOTARY PUBLIC for the State of Oregon
My commission expires: 11-4-93

**THIS FORM MUST BE ACCOMPANIED BY A MAP PREPARED BY A
CERTIFIED WATER RIGHT EXAMINER (CWRE).**

Certified Water Right Examiner

Name: Dwane W. Kirby CWRE#: 214

Address: 8087 Lookingglass Rd
Roseburg, Oregon 97470

Telephone: 679-4692