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WATER RESOURCES DEPT.
SALEM, OREGON

STATE OF OREGON WATER RESOURCES DEPARTMENT

SURFACE WATER REGISTRATION STATEMENT PRE-1909 VESTED WATER RIGHT CLAIM

1. Name of Registrant: Ronlee Rogo Mailing Address: 314 Cedar Tree Dr.
Mailing Address: 314 Codar Tree Dr.
Roseburg, DR 97470 Telephone No: (503)679-4811
2. Source of water: Lookingglass Creek
2. Source of water: Lookingglass Creek Tributary to: South Umpqua River
3. Purpose(s) for which water is used:
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated:30
<u> </u>
4. Priority Date a) Date of first use: 1897
b) Date water use development first initiated: 1893 Sept. 25
c) Name of party who initiated development:
5. Amount of water claimed: 0.3750, in CFS or GPM
(Water put to beneficial use)
(and particularly
6. Location of place of use:
Sections, Township N/S)Range E/Ŵ
Sections, Township N/S, Range E/W.
(Attach additional pages if necessary)
7. Usual period of use: 4 / 15 to 10 / 15
7. Usual period of use: 4 / 15 to 10 / 15 month day

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8. Remarks: Enclosed are copies of the Buxton deed, abstract of title, Buxton's ownership map dated 1932, Brockway Store register
9. Total fees submitted with claim: \$\\\ \\ \\ \\ \ \ \ \ \ \ \ \ \ \ \ \
Notarized Statement Signed by Claimant. STATE OF OREGON : ss County of Douglas)
I, Rewise D. Ropp, 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.
Signature of Claimant
Signed and attested before me this 29th day of State of Oregon My commission expires: 4-23-45
THIS FORM MUST BE ACCOMPANIED BY A MAP PREPARED BY A CERTIFIED WATER RIGHT EXAMINER (CWRE).
Certified Water Right Examiner
Name: Duane w. Kirby CWRE#: 214
Address: 2087 Lopkingglass Rd Roseburg Stegon 97470 Telephone: 679-4692
Telephone