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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: Arthur G - NANCY SUE CANNON
Mailing Address: 85813 Lost Prairie Rd
Enterprise OR 97828 Telephone No: 828-7747

2. Source of water: Ground Water Springs
Tributary to: Grande Ronde River

3. Purpose(s) for which water is used: Domestic - Stockwater
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 0

4. Priority Date
a) Date of first use: 1884-1885
b) Date water use development began: 1884-1885
c) Name of party who initiated development: Ellen Cron + Ann
listed on reverse

5. Amount of water claimed: .01 in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
1 Sections, Township 5 N13, Range 43 E13.
6 Sections, Township 5 N13, Range 44 E13.
(Attach additional pages if necessary)

7. Usual period of use: 01 / 01 to 12 / 31
month day month day

8. Remarks: *my great-grandmother* Alice Coon and *my grandfather* her son Geo M Cannon
and Samuel L. Coon came to this land
in 1884 and 1885 - Springs # 2, 3, 4, 5 + 6 were
developed and used for domestic and stock
water at this time. Spring #1 has been used for
stock water since at least 1907.

9. Total fees submitted with claim: \$400.00.
Due to encumbrance weather Ralph Swankhart has
been able to map this area -
Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of WALLOWA) : ss

I, Arthur & Nancy Sue Cannon, 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.

Arthur Cannon
Nancy Sue Cannon
Signature of Claimant

Signed and attested before me this 29th day of December, 19 92

[Signature]
NOTARY PUBLIC for the State of Oregon
My commission expires: 02-20-93

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____