

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

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

1. Name of Registrant: Floyd Ingram
Mailing Address: HC 83 Box 1684
Coquille, OR 97423 Telephone No: 503-572-2355
2. Source of water: North Fork Tributary & Creek Included on Map (no name)
Tributary to: Coquille River
3. Purpose(s) for which water is used: Stockwater,
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: _____
4. Priority Date
a) Date of first use: 1889 to 1890
b) Date water use development first initiated: 1889
c) Name of party who initiated development: Leson Harmon
5. Amount of water claimed: .01, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
14 Sections, Township 28 ~~N~~/S, Range 12 E/W.
____ Sections, Township ____ N/S, Range ____ E/W.
(Attach additional pages if necessary)
7. Usual period of use: 01 / 01 to 12 / 31
month day month day

8. Remarks: _____

9. Total fees submitted with claim: \$200.⁰⁰

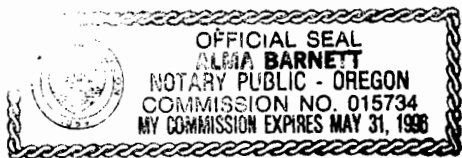
Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : ss
County of Coos)

I, Floyd Ingram, 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.

Floyd Ingram
Signature of Claimant

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



Alma Barnett
NOTARY PUBLIC for the State of Oregon
My commission expires: May 31, 1996

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____