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JAN 05 1993

WATER RESOURCES DIVISION
SALMON, OREGON

**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 Oregon 97423 Telephone No: 572-2355

2. Source of water: 2 mile Creek, Spring
Tributary to: Pacific Ocean Spring runs into 2 mi Creek

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

4. Priority Date
a) Date of first use: 1887
b) Date water use development first initiated: 1887
c) Name of party who initiated development: Reichert, Phillip

5. Amount of water claimed: 0.01, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
13 Sections, Township 29 N/S, Range 15 E/W.
 Sections, Township N/S, Range E/W.
(Attach additional pages if necessary)

7. Usual period of use: 1 / 1 / to 12 / 31 /
 month day month day

8. Remarks: _____

9. Total fees submitted with claim: \$ 200⁰⁰

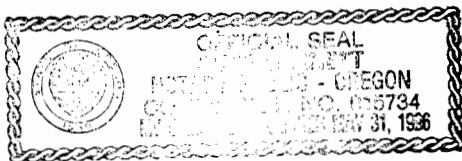
Notarized Statement Signed by Claimant.

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 31st 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: _____