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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: DAVID ETCHART
Mailing Address: P.O. Box 435 - McDermitt, Nevada 89421
Telephone No: WRE-503-889-2101
2. Source of water: Simpson Creek, Pole Cr., Rock Cr., OR. Canyon Cr. &
Tributary to: McDermitt Creek, in Nevada two unnamed streams
3. Purpose(s) for which water is used: Irrigation
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 472.9 Acres
4. Priority Date
a) Date of first use: July 2nd, 1888 - See exhibit's A.B & C
b) Date water use development first initiated: July 2nd, 1888
c) Name of party who initiated development: Cornelius Ryan
5. Amount of water claimed: All the waters of the above named creeks, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
1, 2 & 22 Sections, Township 39 N/S, Range 41 E/W.
____ Sections, Township ____ N/S, Range ____ E/W.
(Attach additional pages if necessary)
7. Usual period of use: Jan / 1 to TILL FLOW ENDS
month day month day

8. Remarks: SEE EXHIBIT -D-

9. Total fees submitted with claim: \$572.90

Notarized Statement Signed by Claimant.

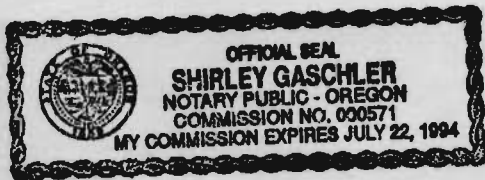
STATE OF OREGON)
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County of MALHEUR)

I/We certify that the information I have provided in this application is an accurate representation of the proposed water use and is true and correct to the best of my knowledge.

I, DAVID ETCHART, 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.

David Etchart
Signature of Claimant

Signed and attested before me this 7th day of Dec., 19 92



Shirley Gaschler
NOTARY PUBLIC for the State of Oregon
My commission expires: July 22, 1994

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

Certified Water Right Examiner

Name: ALBERT GASCHLER CWRE#: 58

Address: P.O. Box 412, Ontario, OR 97914

Telephone: 503-889-2101