

DEC 14 1992

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: <u>DELBERT_ALLISON</u>
Mailing Address: 870 McBride, Jordan Valley, OR 97910
Telephone No: _503-339-3026
2. Source of water: SUCCOR CREEK
Tributary to: SNAKE RIVER
3. Purpose(s) for which water is used:IRRIGATION
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 344.30 Acres
4. Priority Date
a) Date of first use: SEE EXHIBITS
b) Date water use development first initiated: A thru I
c) Name of party who initiated development:
c) Name of party who initiated development.
5. Amount of water claimed: 8.6, in CFS or
(Water put to beneficial use)
6. Location of place of use:
33 & 34 Sections, Township 25 M/S , Range 46 E/W .
2 / 22 8 27
3,4,22 <u>& 27</u> Sections, Township <u>26</u> M/S , Range <u>46</u> E/ M .
(Attach additional pages if necessary)
7. Usual period of use: April / 1 to Oct. / 1
month day month day

8. Remarks: See Exhobit -T-
9. Total fees submitted with claim: \$444.30
9. Total fees submitted with claim: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
STATE OF OREGON) **That the information of my
Notarized Statement Signed by Claimant. STATE OF OREGON SS SS SS SS SS SS SS SS SS
I, DELBERT ALLISON, 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. **DELBERT ALLISON**, having been duly sworn, depose on the possible of the existing surface water right described herein and to the best of my knowledge all of the matters stated herein are true and correct. **DELBERT ALLISON**, having been duly sworn, depose on 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
THIS FORM MUST BE ACCOMPANIED BY A MAP PREPARED BY A CERTIFIED WATER RIGHT EXAMINER (CWRE).
Certified Water Right Examiner
Name: Albert Gaschler CWRE#: 052
Address: P.O. Box 412, Ontario, OR 97914
Telephone: 503-889-2101