



**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

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

1. Name of Registrant: Susan D. Gay (Struck) & Anthony S. Gay
Mailing Address: 305 Morton Rd
Hood River, OR 97031 Telephone No: 386-3863

2. Source of water: springs producing springs
Tributary to: Columbia River

3. Purpose(s) for which water is used: Irrigation
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 33

4. Priority Date
a) Date of first use: 1864
b) Date water use development first initiated: 1864
c) Name of party who initiated development: J. M. Marden

5. Amount of water claimed: 0.54, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
Stream A 33 Sections, Township 3 NS, Range 10 EW.
Stream B 33 Sections, Township 3 NS, Range 10 EW.
(Attach additional pages if necessary)

7. Usual period of use: 4 / 1 to 11 / 1
month day month day

*(See attached documents)

8. Remarks: This property has been farmed continuously since the 1880's by the Morton/Struck family; before that by C. H. Haynes & J. F. Saunders, and back to the original 1864^{date} by John M. Marden.

9. Total fees submitted with claim: \$66.00/

Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Hood River) : ss

I, Susan D. Gay & Anthony S. Gay 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.

Susan D. Gay Anthony S. Gay
Signature of Claimant

Signed and attested before me this 14th day of December, 1992

Janelle R. Wingard
JANELLE R. WINGARD
NOTARY PUBLIC - OREGON
My Commission Expires 4-29-94

Janelle R. Wingard
NOTARY PUBLIC for the State of Oregon
My commission expires: 4-29-94

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____