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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: Ron McKay
 Mailing Address: 16700 SW Wilsonville Rd
Wilsonville, Oregon 97070 Telephone No: 625 4664
625 2276 - office
2. Source of water: Willamette River
 Tributary to: Columbia River
3. Purpose(s) for which water is used: Irrigation / stockwater
 (Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
 If irrigation, total number of acres irrigated: 22
Stockwater
4. Priority Date
 - a) Date of first use: April, 1860
 - b) Date water use development first initiated: _____
 - c) Name of party who initiated development: Joseph Geer / Frederick Geer
5. Amount of water claimed: 1/40th / acre, in CFS or GPM
 (Water put to beneficial use) stockwater - 300 GPD
6. Location of place of use: Tax Lot 01700
31 Sections, Township 35 N(S) Range 1W E/W.
 _____ Sections, Township _____ N/S, Range _____ E/W.
 (Attach additional pages if necessary)
7. Usual period of use: March 1 to Oct. 1
1 month 1 day 30th month 1 day
* stockwater year-round

8. Remarks: Substantiation for first use from some available records and recollections of "old timers in the area".
Further research and information will be forwarded as soon as possible.
AM

9. Total fees submitted with claim: Irrigation - \$44⁰⁰
Stockwater - 200⁰⁰ Total \$244⁰⁰

Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Clackamas) : ss

I, Ron McKay, 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.

Ron McKay
Signature of Claimant

Signed and attested before me this 24th day of December, 19 92

NOTARY PUBLIC for the State of Oregon
My commission expires: Cynthia A. Palandri
CYNTHIA A. PALANDRI
NOTARY PUBLIC OREGON
My Commission Expires 1-2-94

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

*
Assessor's map enclosed - due to shortness of time to filing a required CWRE map will be forwarded ASAR
AM

Certified Water Right Examiner
Name: _____ CWRE#: _____
Address: _____
Telephone: _____