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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: Harold Markley
Mailing Address: 1133 Desert Glen
Adrian, Oregon Telephone No: 503-339-4269
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: 206.4
4. Priority Date
 - a) Date of first use: Oct 22, 1885
 - b) Date water use development first initiated: (See Remarks)
 - c) Name of party who initiated development: Jacob Mussell
5. Amount of water claimed: 5.15 cfs, in CFS or GPM
(Water put to beneficial use)
6. Location of place of use:
1, 2, 11, 12 Sections, Township 23 N/S Range 46 E/W.
_____ Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)
7. Usual period of use: April / 1 to Nov / 1
month day month day

8. Remarks: The date of first development is unknown, however
the system was fully functional on June 27, 1897, as shown
by the Cadastral Survey notes attached.

9. Total fees submitted with claim: \$ 307

Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : ss
County of MALHEUR)

I, HAROLD MARKLEY, 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.

Harold Markley
Signature of Claimant

Signed and attested before me this 24th day of December, 1992

Sharon A. Gardner
NOTARY PUBLIC for the State of Oregon
My commission expires: 02-26-93

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

Certified Water Right Examiner

Name: Vern Pritchard CWRE#: 182

Address: P.O. Box 134, Vale, OR. 97918

Telephone: 503-473-3612