

RECEIVED

JAN 04 1993

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: MACK Birkmaier  
Mailing Address: 79832 Crow Creek Rd.  
Enterprise, Ore. 97828 Telephone No: 426-4275

2. Source of water: Butte Creek  
Tributary to: Chesnimnus Creek

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

4. Priority Date  
a) Date of first use: Livestock water use before 1909  
b) Date water use development first initiated: 1922  
c) Name of party who initiated development: W.W. Zuercher

5. Amount of water claimed: 10 cfs, in CFS or GPM  
(Water put to beneficial use)

6. Location of place of use:  
30 Sections, Township 2 NS, Range 46 EW.  
\_\_\_\_\_ Sections, Township \_\_\_\_\_ N/S, Range \_\_\_\_\_ E/W.  
(Attach additional pages if necessary)

7. Usual period of use: JAN / 1 / 1 to Dec. / 1 / 31 (Year Long)  
month day month day

8. Remarks: This ranch was known as the Jim Blakely place. He ran horses there before 1909. He was Wallawa Co. Sheriff in 1908. The deeds show him owning an adjacent place we are still investigating these deeds. Remnants of water troughs are still evident.

9. Total fees submitted with claim: \$ 200

Notarized Statement Signed by Claimant.

RECEIVED

STATE OF OREGON )  
: ss  
County of Wallowa )

JAN 04 1993

WATER RESOURCES DEPT.  
SALEM, OREGON

I, Mack Berkuover, 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.

Mack Berkuover  
Signature of Claimant

Signed and attested before me this 30<sup>th</sup> day of December, 19 92

Marty Papac  
NOTARY PUBLIC for the State of Oregon  
My commission expires: 1-23-93



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

Certified Water Right Examiner

Name: \_\_\_\_\_ CWRE#: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_