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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: ANDREW GREELEY JR.
Mailing Address: 725 Succor Creek Road
Jordan Valley, OR 97910 Telephone No: 503-339-4240

2. Source of water: CARTER CREEK, SPRING CREEK & 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: 379.20

4. Priority Date
a) Date of first use: _____
b) Date water use development first initiated: _____
c) Name of party who initiated development: _____

SEE EXHIBITS A thru G

5. Amount of water claimed: 9.5, in CFS or ~~GPM~~
(Water put to beneficial use)

6. Location of place of use:
32 & 33 Sections, Township 25 ~~N~~/S, Range 46 E/~~W~~.

4, 8, 9 & 17 Sections, Township 26 ~~N~~/S, Range 46 E/~~W~~.

(Attach additional pages if necessary)

11, 12 & 14 Sections, Twsp. 27S Range 45E

7. Usual period of use: April / 1 to Oct / 15
month day month day

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8. Remarks: SEE EXHIBIT -H-

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9. Total fees submitted with claim: \$479.20

Notarized Statement Signed by Claimant.

STATE OF OREGON)

: SS

County of MALHEUR)

I/We certify that the information I have provided in this application is an accurate representation of the proposed water use and is true and correct to the best of my knowledge.

I, ANDREW GREELEY JR., having sworn,
depone and say that I, and being the claimant, 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.

Andrew Greeley Jr.
Signature of Claimant

Signed and attested before me this 22 day of Dec, 1992



Shirley Gaschler
NOTARY PUBLIC for the State of Oregon
My commission expires: July 22, 1994

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