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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: John Gynup
Mailing Address: P.O. Box 273
Langlois, Or. 97450 Telephone No: 503-348-2483

2. Source of water: South Four Mile Creek / Bethel Creek
Tributary to: Four mile Creek tributary to New Lake
Source / Williams Creek - tributary to Flatus Creek to New River and New River

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

4. Priority Date
a) Date of first use: 1888
b) Date water use development first initiated: 1888
c) Name of party who initiated development: NR Smith & Eliza Smith

5. Amount of water claimed: 1 CFS, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
28, 21, 16, 17 Sections, Township 30 N/S, Range 14 E/W.
22, 15, 20, 29 Sections, Township 30 N/S, Range 14 E/W.
(Attach additional pages if necessary)

7. Usual period of use: (30) 1 / 1 to (02) 12 / 31
month day month day

8. Remarks: This Ranch was Homesteaded in 1888
according to 1906 press clippings. It has always had
livestock on it. Additional information will be forthcoming.

9. Total fees submitted with claim: Two hundred dollars \$200⁰⁰

Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of CURRY) : ss

I, John Guynup, 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.



Signature of Claimant

Signed and attested before me this 30th day of December, 1992



Tricia M. Brown

NOTARY PUBLIC for the State of Oregon

My commission expires: Oct. 4, 1994

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

Certified Water Right Examiner

Name: _____ CWRE#: _____

Address: _____

Telephone: _____