

NOV 4 1985

STATE OF OREGON  
WATER RESOURCES DEPARTMENT

**SURFACE WATER REGISTRATION STATEMENT  
PRE-1909 VESTED WATER RIGHT CLAIM**

1. Name of Registrant: Holtz Family Trust  
Mailing Address: c/o Robert E. O'Rourke, P. O. Box 490  
Pendleton, Oregon 97801 Telephone No: 503-276-2141
  
2. Source of water: Birch Creek  
Tributary to: Snake River
  
3. Purpose(s) for which water is used: Irrigation, stockwater & domestic  
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)  
If irrigation, total number of acres irrigated: 415
  
4. Priority Date
  - a) Date of first use: See Exhibit A
  - b) Date water use development first initiated: See Exhibit A
  - c) Name of party who initiated development: See Exhibit A
  
5. Amount of water claimed: See Exhibit A in CFS or GPM  
(Water put to beneficial use)
  
6. Location of place of use: See Exhibit B  
\_\_\_\_\_ Sections, Township \_\_\_\_\_ N/S, Range \_\_\_\_\_ E/W.  
\_\_\_\_\_ Sections, Township \_\_\_\_\_ N/S, Range \_\_\_\_\_ E/W.  
(Attach additional pages if necessary)
  
7. Usual period of use: 1 / 1 to 12 / 31  
month day month day

SWR-614

8. Remarks: For further information, see Exhibits A and B attached hereto and incorporated herein and the Petition for Opportunity to Rebut Presumption on file herein.

9. Total fees submitted with claim: \$1,372.50 previously paid

Notarized Statement Signed by Claimant

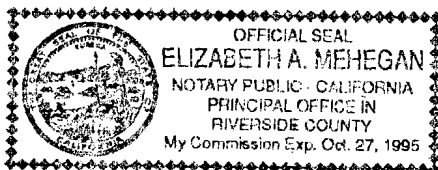
STATE OF CALIFORNIA )  
County of Riverside ) : ss

Henry A. Holtz and Elvera Holtz  
I, \_\_\_\_\_, 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.

Henry A. Holtz  
Henry A. Holtz

Elvera Holtz  
Elvera Holtz

Signed and attested before me this 15<sup>th</sup> day of November, 19 93



Elizabeth A. Mehegan  
NOTARY PUBLIC for the State of California  
My commission expires: October 27, 1995

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

Certified Water Right Examiner

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

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

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