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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: Melvin E. Johnson Ronald Fraser  
Mailing Address: P.O. Box 741  
Coguille, OR. 97423 Telephone No: (503) 572-3889

2. Source of water: Middle Creek and Four unnamed springs  
Tributary to: North Fork Coguille River

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

4. Priority Date

a) Date of first use: 1901 and Prior to 1901

b) Date water use development first initiated: 1901 and before

c) Name of party who initiated development: H.C. Wilcox vol 3 pg. 106 *sheriffs personal property tax book*

5. Amount of water claimed: .015, in CFS or GPM  
(Water put to beneficial use)

6. Location of place of use:

28 Sections, Township 27 N/S, Range 11 E/W.

32

33 Sections, Township 27 N/S, Range 11 E/W.

(Attach additional pages if necessary)

7. Usual period of use: Jan 1 / 1 day to Dec 13 / 1 day  
month day month day

8. Remarks: Have papers showing from 1901 till present time that cattle was on this land. Further information to come. Have papers for research dating back to 1800's.

9. Total fees submitted with claim: ~~\$200.<sup>00</sup>~~ \$400.<sup>00</sup>

Notarized Statement Signed by Claimant.

STATE OF OREGON )  
County of COOS ) : ss

I, X MELVIN E. JOHNSON, 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.

X Melvin E. Johnson  
Signature of Claimant

Signed and attested before me this 31<sup>st</sup> day of December, 1992

Sheila A. Wilson  
NOTARY PUBLIC for the State of Oregon  
My commission expires: 4-09-93

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

Certified Water Right Examiner

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

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

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