

SEP - 8 1992

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: STEVEN R. JOHNSON
Mailing Address: 3707 SE JOHNSON CREEK BLVD.
PORTLAND, OR 97222 Telephone No: 503-654-7948

2. Source of water: UNNAMED SPRINGS TRIBUTARY TO JOHNSON CREEK
Tributary to: WILLAMETTE RIVER

3. Purpose(s) for which water is used: IRRIGATION
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 6.0 ACRES

4. Priority Date
 - a) Date of first use: 1880
 - b) Date water use development first initiated: 1883
 - c) Name of party who initiated development: Tideman Johnson

5. Amount of water claimed: 0.075 CFS, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
24 Sections, Township 1S N/S, Range 1E E/W.
 Sections, Township N/S, Range E/W.
(Attach additional pages if necessary)

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

8. Remarks: See enclosed letter from applicant, and Ed Crane, original deed
and transcript of same, copy of current deeds, copy of surveyor map from
1913

9. Total fees submitted with claim: \$30

Notarized Statement Signed by Claimant.

STATE OF OREGON)
) : ss
County of MULTNOMAH)

I, STEVEN R. 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.

Steven R. Johnson
Signature of Claimant

Signed and attested before me this 3RD day of September, 19 92

Patricia A. Pumala
PATRICIA A. PUMALA
NOTARY PUBLIC OREGON
My Commission Expires

Patricia A. Pumala
NOTARY PUBLIC for the State of Oregon
My commission expires: 2/12/93

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

Certified Water Right Examiner

Name: EDWARD A. CRANE CWRE#: 156

Address: 12042 SE SUNNYSIDE ROAD, SUITE 604
CLACKAMAS, OR 97015

Telephone: 503-698-4851 (FAX ALSO)