CLAIM OF BENEFICIAL USE
for Groundwater Permits claiming more than 0.1 cfs

OREGON WATER RESOURCES DEPARTMENT
Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

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A fee of $230 must accompany this form for permits with priority dates of July 9, 1987, or later.

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
https://www.oregon.gov/OWRD/Forms/Pages/default.aspx
The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-979-9103.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see
https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx

SECTION 1

GENERAL INFORMATION

1. **File Information:**

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-17865	**G-18201**	**T-12905**

2. Property Owner (current owner information):

Applicant/Business Name	Phone No.	Additional Contact No.
V Box Land & Livestock Inc	**541-709-1560**	

Address			
PO Box 156			
City	State	Zip	E-Mail
Juntura	**OR**	**97911**	**bentzem@gmail.com**

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. ***Each*** *permit holder of record must sign this form.*

3. Permit holder of record (this may, or may not, be the current property owner):

Permit Holder of Record		
Same as above		
Address		
City	State	Zip

4. Date of Site Inspection:

10/2/2024

5. Person(s) interviewed and description of their association with the project:

Name	Date	Association with the Project
Erika Fitzpatrick	**10/2/2024**	**Secretary, V Box Land & Livestock, Inc**

6. County:

Malheur

7. If any property described in the place of use of the permit is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

Owner of Record		
NA		
Address		
City	State	Zip

Add additional tables for owners of record as needed

SECTION 2

SIGNATURES

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CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.

Seal and Signature

CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Scott D Montgomery		**541-548-5833**	**541-420-0401**
ADDRESS **PO Box 767**			
CITY **Terrebonne**	STATE **OR**	ZIP **97760**	E-MAIL **scott@apeands.com**

Permit Holder of Record Signature or Acknowledgement

Each *permit holder of record must sign this form in the space provided below.*

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
Linda A. Bentz	**Linda A. Bentz**	**President, V Box Land & Livestock, Inc**	10/17/24

SECTION 3

CLAIM DESCRIPTION

1. Point of appropriation name or number:

Point of Appropriation (POA) Name or Number (correspond to map)	Well Log ID # For All Work Performed on the Well (if applicable)	Well Tag # (if applicable)
#1	**MALH 2317/54243**	**L115846**
#2	**MALH 53944**	**L107673**
#3	**MALH 54314**	**L120703**

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. Point of appropriation source, if indicated on permit:

POA Name or Number	Source Basin Located Within	Tributary
#1	**Granite Creek Basin**	**Malheur River**
#2	**Granite Creek Basin**	**Malheur River**
#3	**Granite Creek Basin**	**Malheur River**

3. Developed use(s), period of use, *and rate for each* use:

POA Name or Number	Uses	If Irrigation, List Crop Type	Season or Months When Water was Used	Actual Rate or Volume Used (CFS, GPM, or AF)
#1	**IR**	**Alfalfa**	**Mar 1 – Oct 31**	**59.4 AF**
#2	**IR**	**Alfalfa**	**Mar 1 – Oct 31**	**603.3 AF***
#3	**IR**	**Alfalfa**	**Mar 1 – Oct 31**	**603.3 AF***
Total Quantity of Water Used				**662.7 AF**

*** Wells 2 & 3 both supply same pivots**

4. Provide a general narrative description of the distribution works. This description must trace the water system from **each** point of appropriation to the place of use:

Water is pumped from the authorized wells & conveyed by buried pipe to sprinklers that irrigate the place of use.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. **NO**

(e.g. *"The permit allowed three points of appropriation. The water user only developed one of the points."* or *"The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres."*)

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
#1	**2.76 cfs**	**2.25 cfs**	**1.82**	**IR**	**220.9**	**19.8**
#2	**2.76 cfs**	**1.72 cfs**	**0.87**	**IR**	**220.9**	**201.1***
#3	**2.76 cfs**	**1.72 cfs**	**1.82**	**IR**	**220.9**	**201.1***

***Wells 2 & 3 both supply the same pivots**

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **YES**

POA Name or Number this section describes (only needed if there is more than one):

#1 (MALH 2317/54243)

A. Place of Use

1. Is the right for municipal use? **NO**

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
24S	39E	WM	7	NE NW	1		IR	0.7	
24S	39E	WM	7	NW NW	2		IR	19.1	
Total Acres Irrigated								19.8	

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? **YES**

2. Describe the access port (type and location) or other means to measure the water level in the well:

1" capped pipe W side of casing

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See well logs						

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? **NO**

D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. **Is a pump used?** **YES**

2. **Pump Information:**

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake Size	Discharge Size
National	UNK	UNK	Turbine	12"	8"
Burkley	UNK	UNK	Centrifugal	8"	8"

3. **Motor Information:**

Manufacturer	Horsepower
US Electric	75
Centrifugal	30

4. **Theoretical Pump Capacity:**

Horsepower	Operating PSI	Lift from Source to Pump *If a well, the water level during pumping	Lift from Pump to Place of Use	Total Pump Output (in cfs)
75	40	300'	0'	1.32
30	80	0'	8'	0.93

5. **Provide pump calculations:**

Q = 7.04 ft 4/4/hp x hp = (7.04)(75) = 1.32 cfs
Total head, ft 401.6
Total head = 101.6' + 300' + 0' = 401.6'
Q = 6.61 ft 4/4/hp x hp = (6.61)(30) = 0.93 cfs
Total head, ft 211.2
Total head = 203.2' + o' + 8' = 211.2'

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6. **Measured Pump Capacity (using meter if meter was present and system was operating):**

Initial Meter Reading	Ending Meter Reading	Duration of Time Observed	Total Pump Output (in cfs)
049.379 AF	049.384 AF	2 min	1.82

Reminder: For pump calculations use the reference information at the end of this document.

7. **Is the distribution system piped?** **YES**

8. **Mainline Information:**

Mainline Size	Length	Type of Pipe	Buried or Above Ground
8"	1400 LF	PVC	Buried

9. **Lateral or Handline Information:**

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
NA			

10. **Sprinkler Information:**

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)
NA					

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. Drip Emitter Information:

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (CFS)
NA					

12. Drip Tape Information:

Dripper Spacing in Inches	GPM per 100 Feet	Total Length of Tape	Maximum length of Tape Used	Total Tape Output (CFS)	Additional Information
NA					

13. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)
Valley	**1300 LF**	**30**	**800**	**1.78**

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? **NO**

F. Gravity Flow Pipe

(The Department typically uses the Hazen-William's formula for a gravity flow pipe system)

1. Does the system involve a gravity flow pipe? **NO**

2. Gravity Flow Canal or Ditch

(The Department typically uses Manning's formula for canals and ditches)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? **NO**

H. Additional notes or comments related to the system:

POA Name or Number this section describes (only needed if there is more than one):

#2 (MALH 53944)

A. Place of Use

1. Is the right for municipal use? **NO**

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
24S	39E	WM	6	NE NW	1		IR	30.5	
24S	39E	WM	6	NW NW	2			30.6	
24S	39E	WM	6	SW NW	5			20.0	
24S	39E	WM	6	SE NW	6			19.6	
24S	39E	WM	6	NE SW	7			19.5	
24S	39E	WM	6	NW SW	8			40.6	
24S	39E	WM	6	SW SW	11			28.0	
24S	39E	WM	6	SE SW	12			12.3	
Total Acres Irrigated								201.1	

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? **YES**

2. Describe the access port (type and location) or other means to measure the water level in the well:

2" pipe S side

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See Well log						

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? **NO**

D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used? **YES**

2. Pump Information:

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
National	**UNK**	**UNK**	**Turbine**	**8"**	**14"**

3. Motor Information:

Manufacturer	Horsepower
US Motors	**100**

4. Theoretical Pump Capacity:

Horsepower	Operating PSI	Lift from Source to Pump *If a well, the water level during pumping	Lift from Pump to Place of Use	Total Pump Output (in cfs)
100	**40**	**300'**	**8'**	**1.72**

5. Provide pump calculations:

Q = 7.04 ft 4/4/hp x hp = (7.04)(100) = 1.72 cfs
Total head, ft 409.6
Total head = 101.6' + 300' + 8' = 409.6'

6. Measured Pump Capacity (using meter if meter was present and system was operating):

Initial Meter Reading	Ending Meter Reading	Duration of Time Observed	Total Pump Output (in cfs)
665.152 AF	**665.155 AF**	**2 ½ min**	**0.87**

7. Is the distribution system piped? **YES**

8. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
8"	**1250 LF**	**PVC**	**Buried**

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
NA			

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)
NA					

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. Drip Emitter Information:

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (cfs)
NA					

12. Drip Tape Information:

Dripper Spacing in Inches	GPM per 100 Feet	Total Length of Tape	Maximum length of Tape Used	Total Tape Output (cfs)	Additional Information
NA					

13. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? **NO**

F. Gravity Flow Pipe

(The Department typically uses the Hazen-William's formula for a gravity flow pipe system)

1. Does the system involve a gravity flow pipe? **NO**

G. Gravity Flow Canal or Ditch

(The Department typically uses Manning's formula for canals and ditches)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? **NO**

H. Additional notes or comments related to the system:

POA Name or Number this section describes (only needed if there is more than one):

#3 (MALH 54314)

A. Place of Use

1. Is the right for municipal use? **NO**

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
24S	39E	WM	6	NE NW	1		IR	30.5	
24S	39E	WM	6	NW NW	2			30.6	
24S	39E	WM	6	SW NW	5			20.0	
24S	39E	WM	6	SE NW	6			19.6	
24S	39E	WM	6	NE SW	7			19.5	
24S	39E	WM	6	NW SW	8			40.6	
24S	39E	WM	6	SW SW	11			28.0	
24S	39E	WM	6	SE SW	12			12.3	
Total Acres Irrigated								201.1	

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLot), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLot, and QQ.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? **YES**

2. Describe the access port (type and location) or other means to measure the water level in the well:

1" threaded hole S side pump base

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See well log						

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? **NO**

D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. **Is a pump used?** **YES**

2. **Pump Information:**

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
National	**UNK**	**UNK**	**Turbine**	**12"**	**8"**

3. **Motor Information:**

GE	**100**

4. **Theoretical Pump Capacity:**

Horsepower	Operating PSI	Lift from Source to Pump *If a well, the water level during pumping	Lift from Pump to Place of Use	Total Pump Output (in cfs)
100	**40**	**300'**	**8'**	**1.72**

5. **Provide pump calculations:**

Q = 7.04 ft 4/4/hp x hp = (7.04)(100) = 1.72 cfs
Total head, ft 409.6
Total head = 101.6' + 300' + 8' = 409.6'

6. **Measured Pump Capacity (using meter if meter was present and system was operating):**

Initial Meter Reading	Ending Meter Reading	Duration of Time Observed	Total Pump Output (in cfs)
544.557 AF	**544.562 AF**	**2 min**	**1.82**

Reminder: For pump calculations use the reference information at the end of this document.

7. **Is the distribution system piped?** **YES**

8. **Mainline Information:**

Mainline Size	Length	Type of Pipe	Buried or Above Ground
8"	**1400 LF**	**PVC**	**Buried**

9. **Lateral or Handline Information:**

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
NA			

10. **Sprinkler Information:**

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)
NA					

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. **Drip Emitter Information:**

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (cfs)
NA					

12. Drip Tape Information:

Dripper Spacing in inches	GPM per 100 Feet	Total Length of Tape	Maximum length of Tape Used	Total Tape Output (cfs)	Additional Information
NA					

13. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (gpm)	Total Pivot Output (cfs)
Zimmatic	**1320 LF**	**30**	**800**	**1.78**

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? **NO**

F. Gravity Flow Pipe

(The Department typically uses the Hazen-William's formula for a gravity flow pipe system)

1. Does the system involve a gravity flow pipe? **NO**

G. Gravity Flow Canal or Ditch

(The Department typically uses Manning's formula for canals and ditches)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? **NO**

H. Additional notes or comments related to the system:

SECTION 5

CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	Date from Permit	Date Accomplished*	Description of Actions Taken by Water User to Comply with the Time limits
Issuance Date	**4/25/2019**		
Begin construction (A)	**Not mentioned**	**NA**	**NA**
Complete construction (B)	**Not mentioned**	**NA**	**NA**
Complete application of water (C)	**3/30/2021**	**July 2020**	**IRR system constructed & used per permit order**

* must be within period between permit, or any extension final order issuance and the date to completely apply water

2. Is there an extension final order(s)? **NO**

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? **YES**

b. What month was the initial measurement to be taken in?

March

c. Was the measurement submitted to the Department? **YES**

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? **YES**

b. Provide the month, or months, the static water level measurement(s) were to be made:

March

c. Were the static water level measurements taken in the month(s) required? **YES**

d. If "YES", were those measurements submitted to the Department? **YES**

5. Pump Test:

a. Did the permit require the submittal of a pump test? **YES**

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:
https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx

If "NO", items b through e relating to this section may be deleted.

b. Has the pump test been previously submitted to the Department? **YES**

c. Is the pump test attached to this claim? **NO**

d. Has the pump test been approved by the Department? **YES**

e. Has a pump test exemption been approved by the Department? **YES**

**** Claims will not be reviewed until a pump test or exemption has been approved by the Department**

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? **YES**

b. Has a meter been installed? **YES**

c. Meter Information

POD/POA Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
#1	**McCrometer**	**12-10022-08**	**Running**	**049.369 AF**	**Oct 2012**
#2	**McCrometer**	**12-10023-08**	**Running**	**665.152**	**Oct 2012**
#3	**Seametrics**	**D6212041**	**Running**	**544.553 AF**	**Oct 2016**

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? **YES**

b. Have the reports been submitted? **YES**

If the reports have not been submitted, attach a copy of the reports if available.

8. Other conditions required by permit, permit amendment final order, or extension final order:

a. Were there special well construction standards? **YES**

b. Was submittal of a ground water monitoring plan required? **NO**

c. Was submittal of a water management and conservation plan required? **NO**

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

Well ID #	Date Attached To Well

#1	**6/2015**
#2	**6/2012**
#3	**3/2016**

e. Other conditions? **YES**

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

Well 3 constructed per permit order
Riparian Area did not appear disturbed
No static level measurement reported in 2023 (see attached letter of explanation from owner

SECTION 6

ATTACHMENTS

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	DESCRIPTION
Well logs	**MALH 2317/54243, MALH 53944 & 54314**
Aerial imagery	**2020 USDA/FSA aerial photo**
Site photos	**Time/location stamped pictures of wells & place of use**
Pump Test	**Exemption letter**
Static letter	**Owners letter & photos describing why 7-consecutive years of static reporting isn't reasonable.**

SECTION 7

CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

The irrigation system & place of use were tied to approximate boundaries using a Topcon FC-6000 field controller. Statewide Lambert coordinates were overlaid by aerial imagery to compare for accuracy.

Map Checklist

Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

- ☒ Map on polyester film
- ☒ Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- ☒ Township, Range, Section, Donation Land Claims, and Government Lots
- ☒ If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- ☐ Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- ☒ Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- ☒ Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- ☒ Point(s) of diversion or appropriation (illustrated and coordinates)
- ☒ Tax lot boundaries and numbers
- ☐ Source illustrated if surface water
- ☒ Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

MALH 54243

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

6/28/2015

WELL I.D. LABEL# L 115846
START CARD # 1026183
ORIGINAL LOG # MALHEUR 2317

(1) LAND OWNER
Owner Well I.D.
First Name MIKE Last Name BENTZ
Company V BOX LAND AND LIVESTOCK
Address PO BOX 156
City JUNTURA State OR Zip 97911

(2) TYPE OF WORK
☐ New Well ☐ Deepening ☐ Conversion
☒ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:	12		0	14	.250	◉	○	☐	☐

Seal:	Material	From	To	Amt	sacks/lbs

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other

(4) PROPOSED USE
☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION
Special Standard ☐ (Attach copy)
Depth of Completed Well 400.00 ft.

BORE HOLE

Dia	From	To
18	0	132
12	132	400

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite Chips	0	132	167	S
		Calculated	165	
		Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POUR
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: ☐ Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
◉	○	12	☒	2	132	.250	◉	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)
Temp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
○ Pump ○ Bailer ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
500		400	1

Temperature °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County MALHEUR Twp 24.00 S N/S Range 39.00 E E/W WM
Sec 7 SE 1/4 of the NW 1/4 Tax Lot 300
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
◉ Street address of well ○ Nearest address
20 MILES SOUTH OF JUNTURA ON GRANITE CREEK RESERVOIR RD

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration	5/29/2015			246
Completed Well	5/31/2015			246

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG
Ground Elevation

Material	From	To
tan sandstone	0	132
Existing hole	132	400

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SEP 24 2015
SALEM, OR

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NOV 04 2024
OWRD

Date Started 5/1/2015 Completed 5/31/2015

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
License Number Date
Signed

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
License Number 1943 Date 6/28/2015
Signed TRINITY L VILLINES (E-filed)
Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version

ORIGINAL
File Original and Duplicate with the STATE ENGINEER, SALEM, OREGON

RECEIVED
DEC 19 1957
STATE ENGINEER
SALEM, OREGON

WATER WELL REPORT

STATE OF OREGON

Malh 2317

24/39 -19L11

State Well No. _____

State Permit No. G 327

(1) OWNER:

Name Budd Rogers Est. OREGON

Address Riverside Oregon

(2) LOCATION OF WELL:

County Malheur Owner's number, if any—

¼ ¼ ¼ Section 7 T. 24 R. 39E W.M.

Bearing and distance from section or subdivision corner

N 80° 30' E 2540 feet from W ¼ cor Sec 7

SE ¼ NW ¼ Sec 7 Twp 24 R 39 E.

(3) TYPE OF WORK (check):

New well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐

Irrigation ☐ Test Well ☒ Other ☐

(5) TYPE OF WELL:

Rotary ☐ Driven ☐

Cable ☒ Jetted ☐

Dug ☐ Bored ☐

CASING INSTALLED:

Threaded ☐ Welded ☐

12" Diam. from -1 ft. to 20' ft. Gage 3/8"

_____" Diam. from _____ ft. to _____ ft. Gage _____

_____" Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS:

Perforated? ☐ Yes ☒ No

Type of perforator used

SIZE of perforations _____ in. by _____ in.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

(8) SCREENS:

Well screen installed ☐ Yes ☐ No

Manufacturer's Name _____

Type _____ Model No. _____

Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

CONSTRUCTION:

Was well gravel packed? ☐ Yes ☒ No Size of gravel: _____

Gravel placed from _____ ft. to _____ ft.

Was a surface seal provided? ☐ Yes ☐ No To what depth? _____ ft.

Material used in seal—

Did any strata contain unusable water? ☐ Yes ☐ No

Type of water? Depth of strata

Method of sealing strata off

(10) WATER LEVELS:

Static level 245' ft. below land surface Date 7-8-56

Artesian pressure lbs. per square inch Date

Accepted by:

[Signed] Budd Rogers Date Dec 16, 1957
(Owner)

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? ☐ Yes ☒ No If yes, by whom?

Yield: gal./min. with ft. drawdown after hrs.

" " " "

" " " "

Bailer test gal./min. with ft. drawdown after hrs.

Artesian flow g.p.m. Date

Temperature of water Was a chemical analysis made? ☐ Yes ☐ No

(12) WELL LOG:

Diameter of well 12" inches.

Depth drilled ft. Depth of completed well ft.

Formation: *Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.*

MATERIAL	FROM	TO
Top Soil	0	4'
Sand Rock	4'	67'
Yellow Clay	67'	110'
Sand Strip	110'	115'
Yellow Sandstone	115'	245'
Sandstone with water	245	295'

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Work started 6-21 1956 Completed Stopped 7-8 1956

(13) PUMP:

Manufacturer's Name _____

Type: _____ H.P. _____

Well Driller's Statement:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Holloway Drilling Co.
(Person, firm, or corporation) (Type or print)

Address Ontario Oregon

Driller's well number _____

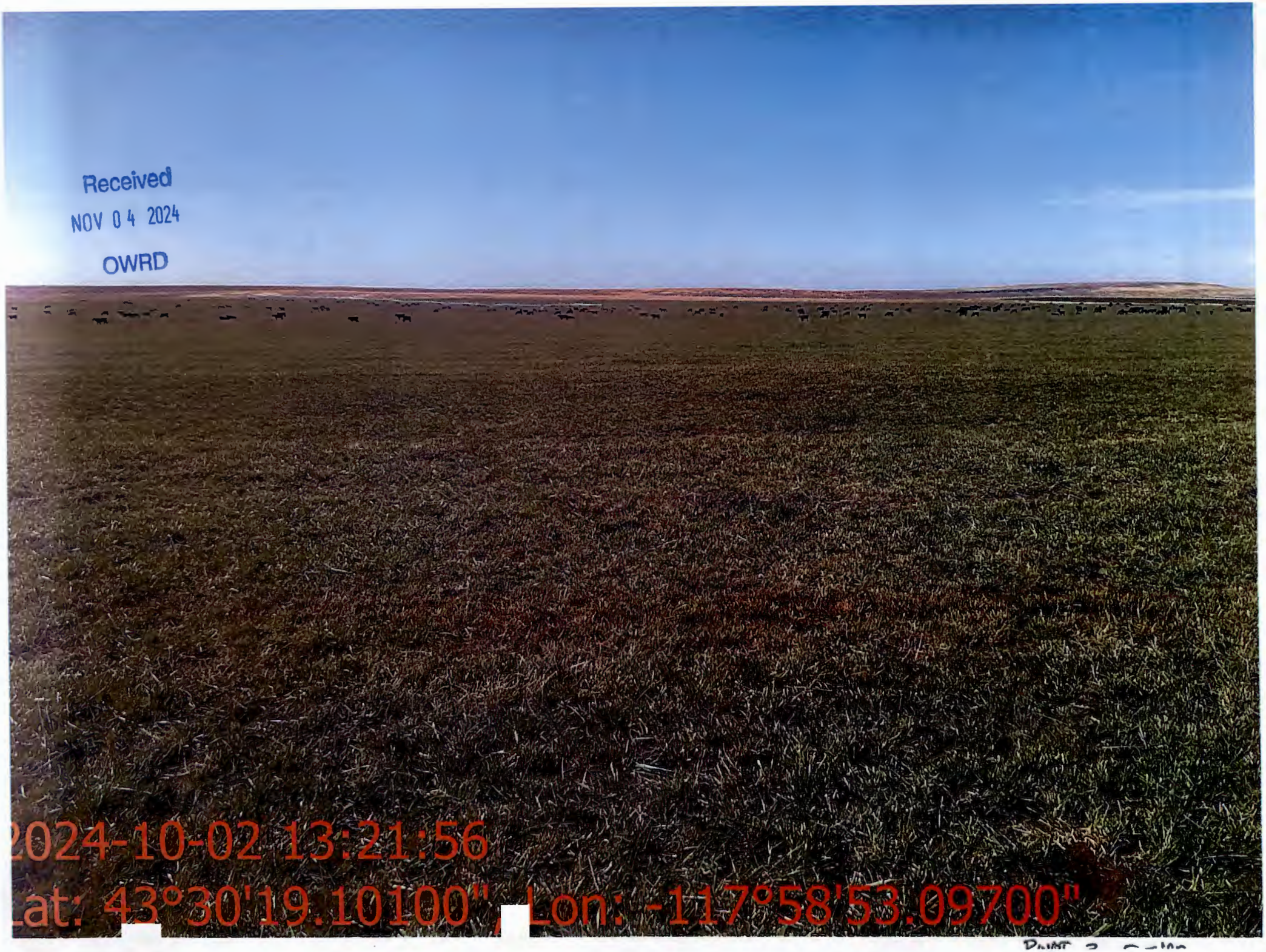
[Signed] Max Holloway
(Well Driller)

License No. 16 Date Aug 28, 1957

(USE ADDITIONAL SHEETS IF NECESSARY)


NOV 04 2024
2024-10-02 12:29:21
Lat: 43°30'10.38300", Lon: -117°59'04.31700"


Received
NOV 04 2024
OWRD
2024-10-02 12:41:32
Lat: 43°30'11.13307", Lon -117°59'04.46129"



MALH 53944

MALH 53944

7/5/2012

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL I.D. LABEL# L 107673
START CARD # 1016901
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name MIKE Last Name BENTZ
Company
Address PO BOX 156
City JUNTURA State OR Zip 97911

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion [ ] Alteration (complete 2a & 10) [ ] Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 366.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
18	0	18	Bentonite Chips	0	18	20	S
14	18	350					
10	350	366					

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other POURED & TAMPED
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [ ] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
(•)		14	[X]	2	42	.250	(•)		[X]	

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)
Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour

( ) Pump ( ) Bailer (•) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
500		360	1 hr

Temperature 59 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MALHEUR Twp 24.00 S N/S Range 39.00 E E/W WM
Sec 6 NW 1/4 of the SE 1/4 Tax Lot 300
Tax Map Number Lot 7
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
( ) Street address of well (•) Nearest address
20 MILES SOUTH SHUMWAY ROAD
JUNTURA, OR.

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	6/23/2012			235

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 235.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
6/23/2012	235	360	500			235

(11) WELL LOG

Ground Elevation

Material	From	To
topsoil clay loam	0	2
clay gravel	2	6
clay brown	6	215
basalt black broken	215	295
basalt black solid	295	320
sandstone red	320	330
sandstone brown	330	366

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SEP 10 2014
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Date Started 6/14/2012 Complete 6/23/2012

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards Materials used and information reported above are true to the best of my knowledge and belief.

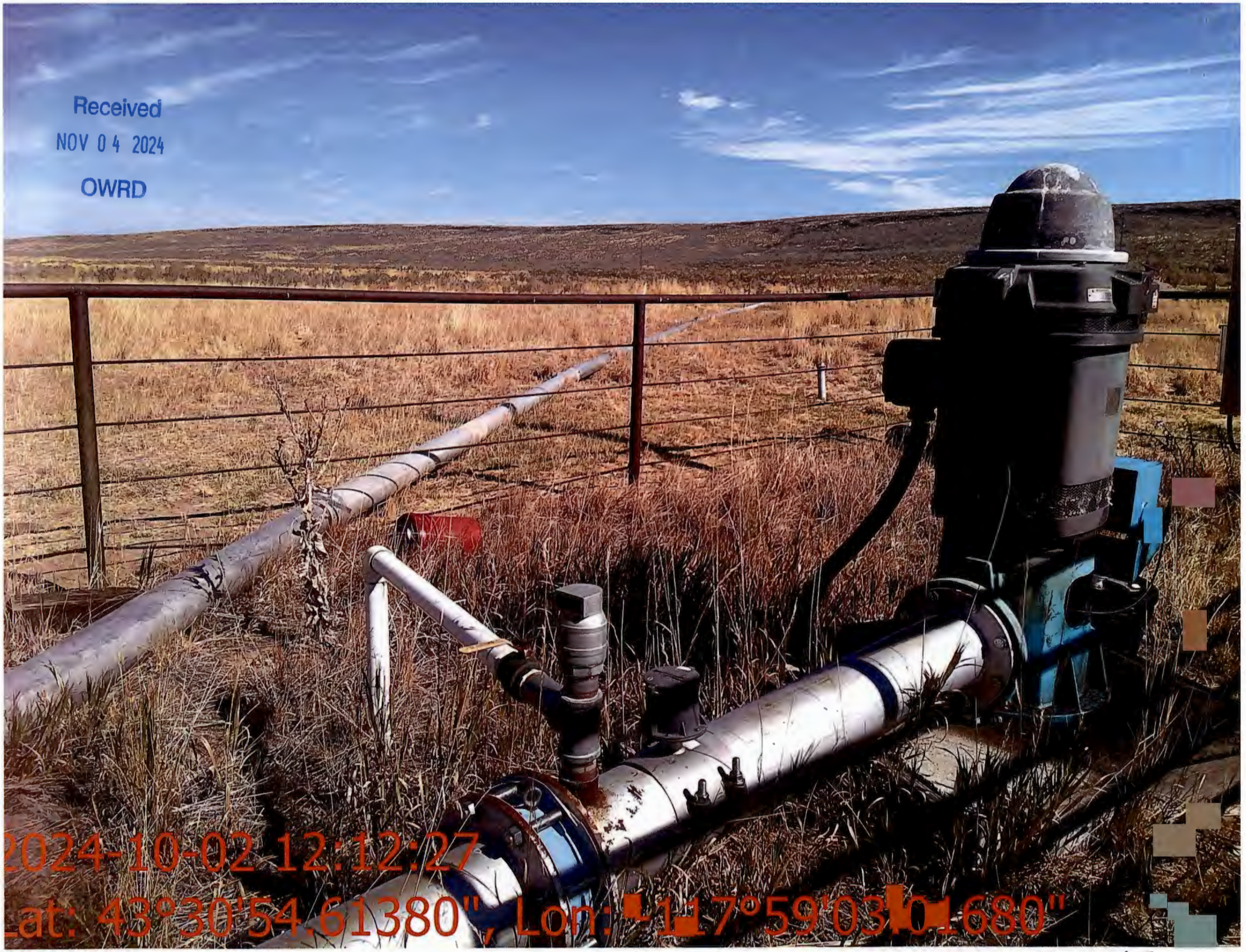
License Number Date
Signed

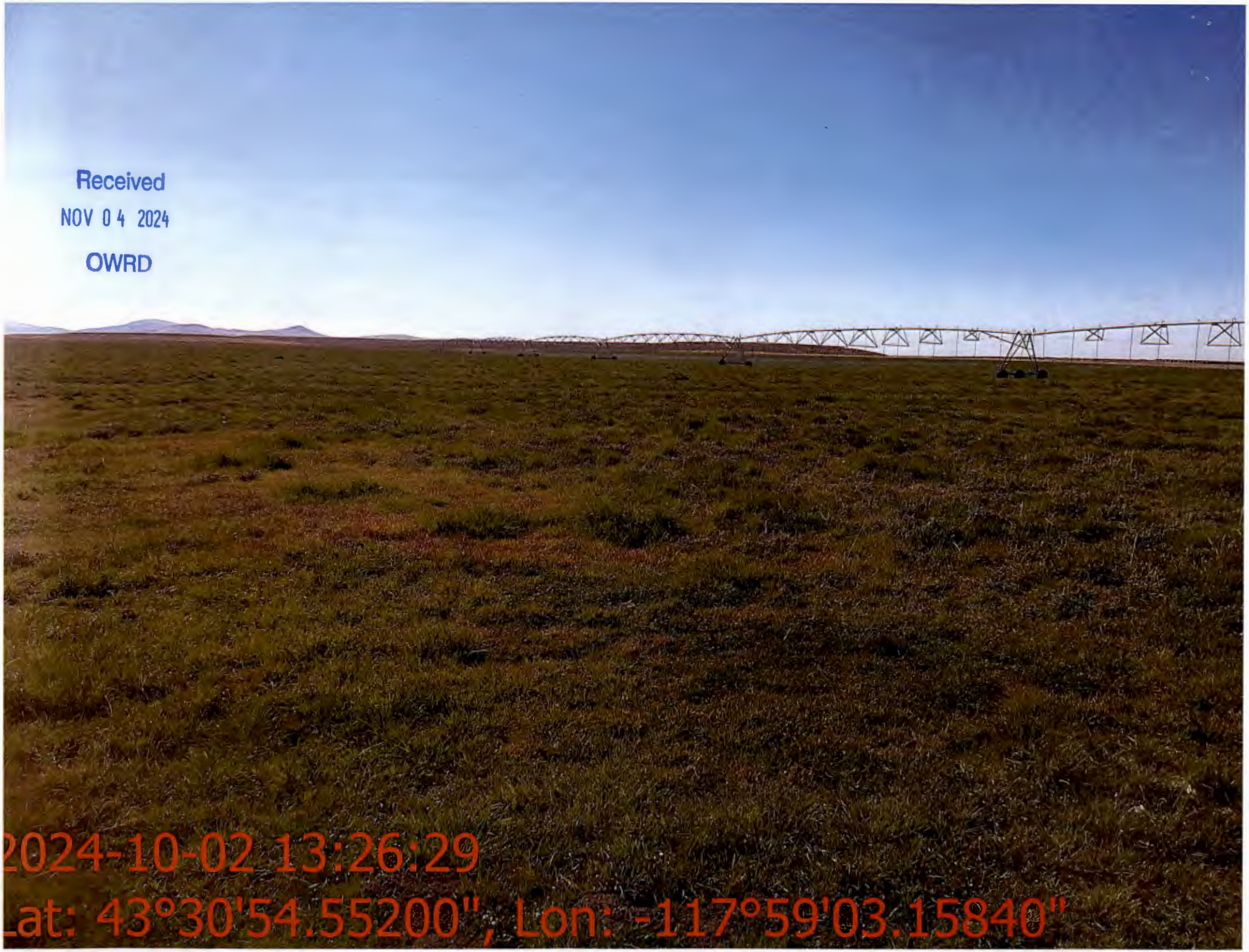
(bonded) Water Well Constructor Certification

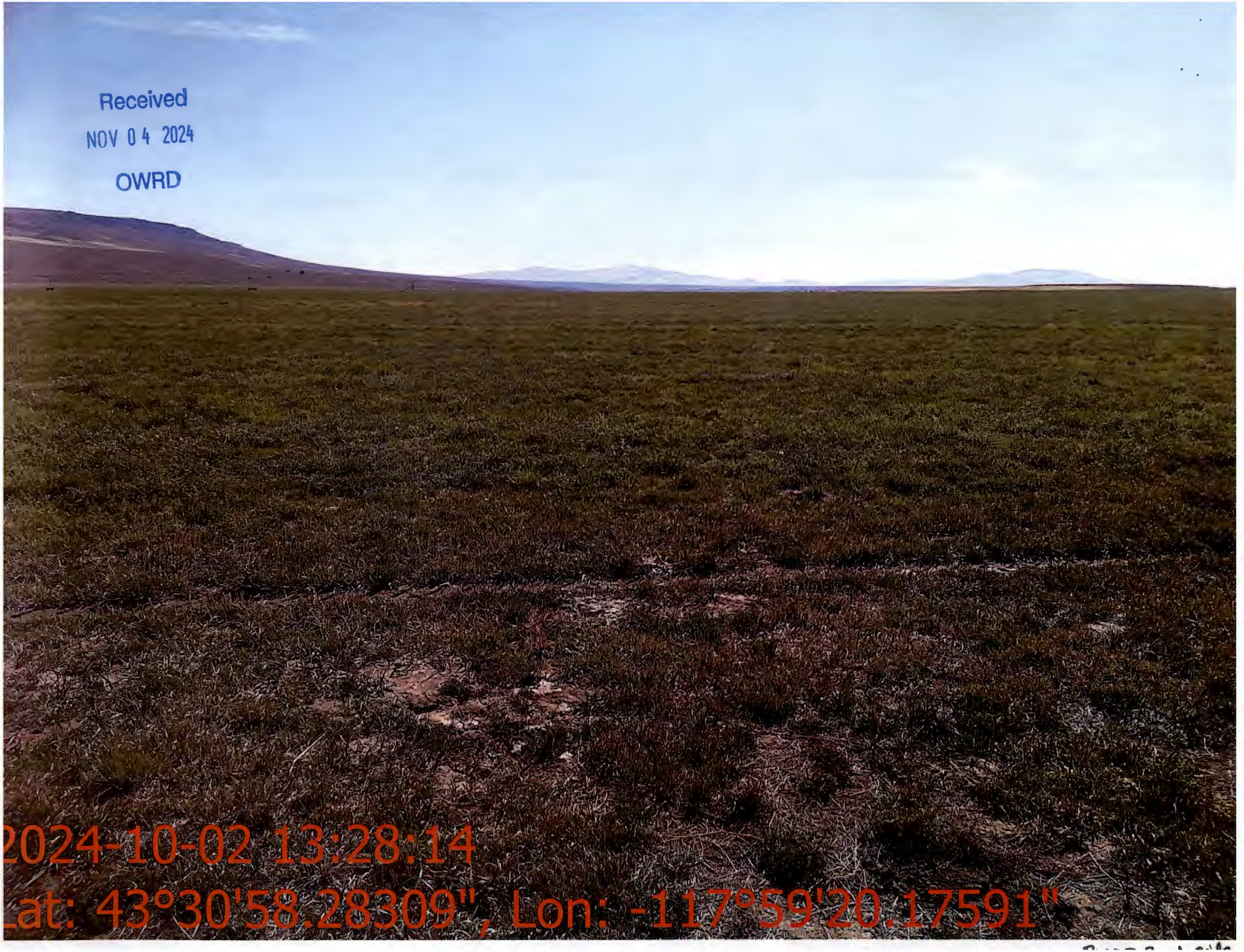
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1424 Date 7/5/2012
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional) rileywells@centurytel.net

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:



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NOV 04 2024
OWRD
2024-10-02 13:28:14
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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

MALH 54314
4/27/2016

WELL I.D. LABEL# L 120703
START CARD # 1029889
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name Last Name
Company V BOX LAND & LIVESTOCK
Address PO BOX 156
City JUNTURA State OR Zip 97911

(2) TYPE OF WORK
[X] New Well [ ] Deepening [ ] Conversion [ ] Alteration (complete 2a & 10) [ ] Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE
[ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION
Special Standard [ ] (Attach copy)
Depth of Completed Well 410.00 ft.

BORE HOLE

Dia	From	To
16	0	35
12	35	410

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite Chips	0	35	27	S
		Calculated	23.8	
		Calculated		

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other POURED & TAMPED
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [ ] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●		12	X	2	40	.250	●		X	

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)
Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
( ) Pump ( ) Bailer (●) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
450		400	1

Temperature 59 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County MALHEUR Twp 24.00 S N/S Range 39.00 E E/W WM
Sec 6 NE 1/4 of the SW 1/4 Tax Lot 300
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
(●) Street address of well ( ) Nearest address
20 MILES SOUTH SHUMWAY ROAD
JUNTURA

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	3/28/2016			241

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 241.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
3/28/2016	241	410	450			241

(11) WELL LOG
Ground Elevation

Material	From	To
TOPSOIL	0	2
GRAVEL - CEMENTED	2	10
CLAY - BROWN	10	400
CLAYSTONE - BROKEN	400	410

Received
NOV 04 2024
OWRD

Date Started 3/7/2016 Completed 3/28/2016

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
License Number Date
Signed

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
License Number 1424 Date 4/27/2016
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional) TIM RILEY 541-573-5695

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:


Received
NOV 04 2024
OWRD
2024-10-02 12:08:47
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Received
NOV 04 2024
OWRD
2024-10-02 13:29:39
Lat: 43°31'03.40662", Lon: -117°59'17.65074"

Oregon
Kate Brown, Governor

Water Resources Department
725 Summer St NE, Suite A
Salem, OR 9730'
(503) 986-090(
Fax (503) 986-0904

December 12, 2016

MIKE BENTZ
V BOX LAND & LIVESTOCK INC
PO BOX 156
JUNTURA OR 97911

GW

The Department has accepted the pump test results for the following permitted well(s):

Application	Water Right	Permitted Well	Tested Well	Test Date	Test Status	Exemption	Owner's Well Name
G 17865	Permit: G 17567 *	MALH 54314	MALH 54314	03/21/2016	Approved	None	
G 17865	Permit: G 17567 *	MALH 53914	MALH 54314	03/21/2016	Exempted	Multiple Well	Derrick Rodgers
G 17865	Permit: G 17567 *	MALH 23[illegible]7	MALH 54314	03/21/2016	Exempted	Multiple Well	

Please contact me if you have any questions.

Sincerely,

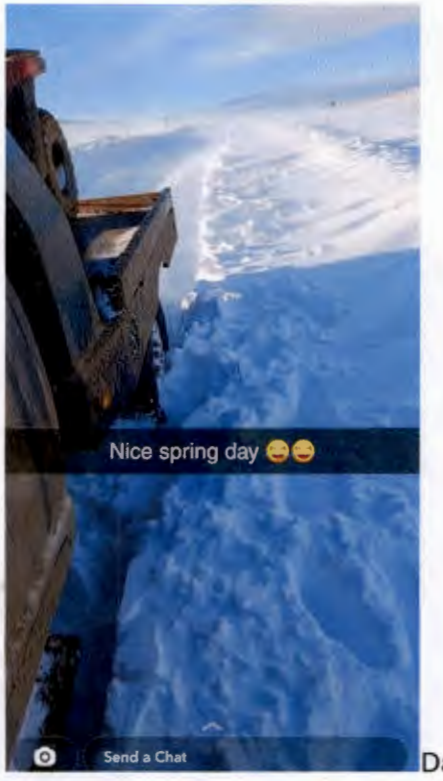
Phil Marcy
Groundwater Section

cc: GW Pump Test File

We are requesting an exemption from the 7 consecutive years of Static Level Reporting requirement. We have consistently reported up to 2023, in which we had unprecedented snow, both in time of year and intensity. Because of the extreme weather, we could not get anyone up to test the static levels. The location of the well is 25 miles on a gravel road that was impassable for much of March and into April. Below we have attached some photos and please ask for an exemption. We can provide Metadata for the photos or other information if helpful.

This pass of road drifted close often (on the way to the pump location with no other way to access)

Date of Photo: March 26. 2023



Date of Photo: March 24, 2024. Stuck and had to turn back.

Date of Photo: April 4, 2023

Date of Photos: April 11, 2023, Flooding from the snow pack made the road unpassable for a long period of time.

Received
NOV 04 2024
OWRD

ALL POINTS
ENGINEERING & SURVEYING, INC.
P.O. Box 767
Terrebonne, Oregon 97760
541-548-5833

TRANSMITTAL

To: Oregon Water Resources Dept
725 Summer St NE, Suite A
Salem, OR 97301-1266

Date: 10/30/2024
Attention: Certificates

[X] Prints [] Plans [] Plat [] Specifications.

Attached are 3 COBU's for V Box Land & Livestock.

If you have any questions please don't hesitate to contact me.

Copies	No.	Description
1	1	COBU G-18201 (18 pages letter bond)
1	2	COBU Map (1 page mylar)
1	3	Well logs w/photos(12 pages letter bond)
1	4	Check for $230
1	5	Pump Test Exempt ltr (1 page letter bond)
1	6	Static Exempt letter from owners 2 Pages letter bond
1	7	COBU G-18293 (11 pages letter bond)
1	8	COBU Map (1 page mylar)
1	9	Well logs w/photos (3 pages letter bond)
1	10	Pump Text Exempt ltr (1 page letter bond)
1	11	Check for $230
1	12	COBU T-11819 (8 pages letter bond)
1	13	COBU Map (1 page mylar)
1	14	Well logs w/photos (6 pages letter bond)
1	15	Aerial imagery

Signed: Denise A. Mendoza

Received
NOV 04 2024
OWRD