

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



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

**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**

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1. File Information:

APPLICATION # G-9307	PERMIT # (IF APPLICABLE) G-8842	PERMIT AMENDMENT # (IF APPLICABLE) T-
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Mosby Family Trust		PHONE NO. 406-380-2007	ADDITIONAL CONTACT NO. 541-601-7141
ADDRESS 294 Bitterroot Drive			
CITY Lewiston LEWISTOWN	STATE MT	ZIP 59457	E-MAIL mosbydds@ att.net yahoo.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 See above		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

4/7/2020

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Dave Mosby	4/7/2020	Trustee

6. County:

Klamath

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.

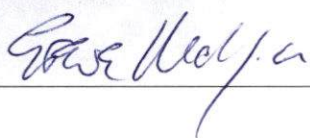


CWRE NAME Scott D Montgomery		PHONE NO. 541-548-5833	ADDITIONAL CONTACT NO. 541-420-0401
ADDRESS PO Box 767			
CITY Terrebonne	STATE OR	ZIP 97760	E-MAIL scott@apeands.com

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
	Steve Mosby	Trustee	6-8-25

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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)
#3	KLAM 675	

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
#3	Sand Creek	Williamson 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)
#3	IR/IS	Pasture Hay	March - October	3.49 cfs
Total Quantity of Water Used				3.49 cfs

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 well and conveyed by pipe to the existing canal system that flood irrigates 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
#3	1/80 cfs per acre	3.49 CFS	Power off	IR/IS	3249.0	3249.0

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SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

NO

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A.. Place of Use

1. Is the right for municipal use?

NO

TWP	RNG	MER	SEC	QQ	GLT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
31S	8E	WM	20	SW NE			IS		18.2
31S	8E	WM	20	SE NE					32.2
31S	8E	WM	20	SE NW					8.1
31S	8E	WM	20	NE SW					39.4
31S	8E	WM	20	NW SW					34.2
31S	8E	WM	20	SE SW					39.0
31S	8E	WM	20	SW SW					37.4
31S	8E	WM	20	NW SE					39.4
31S	8E	WM	20	NE SE					39.4
31S	8E	WM	20	SE SE					39.0
31S	8E	WM	20	SW SE					39.0
31S	8E	WM	21	SW NW			IR	38.0	
31S	8E	WM	21	SE NW				38.0	
31S	8E	WM	21	NW SW			IR/IS	14.4	23.6
31S	8E	WM	21	NE SW				34.4	3.6
31S	8E	WM	21	SE SW				3.4	34.6
31S	8E	WM	21	SW SW			IS		38.0
31S	8E	WM	28	NE NW					38.0
31S	8E	WM	28	NW NW					38.2
31S	8E	WM	28	SW NW					38.2
31S	8E	WM	28	SE NW					38.0
31S	8E	WM	28	NE SW					37.8
31S	8E	WM	28	NW SW					38.2
31S	8E	WM	28	SW SW					38.2
31S	8E	WM	28	SE SW					37.6
31S	8E	WM	29	NE NE					39.3
31S	8E	WM	29	NW NE					39.3
31S	8E	WM	29	SW NE					39.3
31S	8E	WM	29	SE NE					39.3
31S	8E	WM	29	NE NW					39.3
31S	8E	WM	29	NW NW					39.8
31S	8E	WM	29	SW NW					39.3
31S	8E	WM	29	SE NE					39.3
31S	8E	WM	29	NE SE					39.3
31S	8E	WM	29	NW SE					39.3
31S	8E	WM	29	SW SE					39.3
31S	8E	WM	29	SE SE					39.3
31S	8E	WM	29	NE SW					39.3

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TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
31S	8E	WM	29	NW SW					39.3
31S	8E	WM	29	SW SW					39.3
31S	8E	WM	29	SE SW					39.3
31S	8E	WM	30	NE NE			IR/IS	25.2	14.0
31S	8E	WM	30	NW NE			IR	39.2	
31S	8E	WM	30	SW NE			IR/IS	21.8	17.4
31S	8E	WM	30	SE NE			IS		39.2
31S	8E	WM	30	NE SE					38.4
31S	8E	WM	30	NW SE			IR/IS	3.0	35.4
31S	8E	WM	30	SW SE				3.9	34.5
31S	8E	WM	30	SE SE			IS		38.4
31S	8E	WM	31	NE NE					39.4
31S	8E	WM	31	NW NE			IR/IS	2.4	37.0
31S	8E	WM	31	SW NE				2.9	36.7
31S	8E	WM	31	SE NE			IS		39.6
31S	8E	WM	31	NE NW			IR	39.4	
31S	8E	WM	31	NW NW	1			5.0	
31S	8E	WM	31	SW NW	2			10.0	
31S	8E	WM	31	SE NW				39.6	
31S	8E	WM	31	NE SE			IS		39.8
31S	8E	WM	31	NW SE			IR/IS	3.5	36.3
31S	8E	WM	31	NE SW			IR	39.8	
31S	8E	WM	31	NW SW	3			19.0	
31S	8E	WM	31	SW SW	4			19.0	
31S	8E	WM	31	SE SW				39.8	
31S	8E	WM	31	SW SE			IR/IS	4.3	34.5
31S	8E	WM	31	SE SE			IS		38.8
31S	8E	WM	32	NE NE					40.0
31S	8E	WM	32	NW NE					40.0
31S	8E	WM	32	NE NW					40.0
31S	8E	WM	32	NW NW					40.0
31S	8E	WM	32	SW NW					39.0
31S	8E	WM	32	SE NW					34.6
31S	8E	WM	32	SW NE					22.0
31S	8E	WM	32	SE NE					24.8
31S	8E	WM	32	NE SW					11.7
31S	8E	WM	32	NW SW					39.8
31S	8E	WM	32	SW SW					38.8
31S	8E	WM	32	SE SW					7.5
31S	8E	WM	33	NE NW					38.0
31S	8E	WM	33	NW NW					38.8

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TWP	RNG	MER	SEC	QQ	GLot	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
31S	8E	WM	33	SW NW					26.0
31S	8E	WM	33	SE NW					6.0
32S	8E	WM	6	NE NE	1		IR	39.8	
32S	8E	WM	6	NW NE	2			39.8	
32S	8E	WM	6	SW NE				39.8	
32S	8E	WM	6	SE NE				39.8	
32S	8E	WM	6	NE NW	3			39.8	
32S	8E	WM	6	NW NW	4			39.8	
32S	8E	WM	6	SW NW	5			39.8	
32S	8E	WM	6	SE NW				39.8	
32S	8E	WM	6	NW SW	6			39.8	
32S	8E	WM	6	SW SW	7			39.8	
Total Acres Irrigated								844.0	2405.0

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 ½" threaded bolt east 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.

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1. Is a pump used?

YES

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Aurora	Vertiline	V178-70090	Turbine	16"	16"

3. Motor Information:

MANUFACTURER	HORSEPOWER
US Electric	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	100'	0'	3.49

5. Provide pump calculations:

$Q = 7.04 \text{ ft}^3/\text{sec}/\text{hp} \times \text{hp} = (7.04)(100) = 3.49 \text{ cfs}$
Total head, ft 201.6
Total head = 101.6' + 100' + 0' = 201.6'

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)
Power off			

7. Is the distribution system piped?

YES

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
16"	25 LF	Steel	Above Ground
16"	25 LF	Steel	Above Ground

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.

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11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)

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)
NA				

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?

YES

2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)
Grass	10'	2'	4'	0.035	20'	+/-10 miles	0.1%	93.85

3. Provide calculations:

$$V = \frac{1.486}{n} \times r^{2/3} \times s^{1/2} = \frac{1.486}{(0.035)} \times (4.97)^{2/3} \times (0.001)^{1/2} = 3.91 \text{ fps} \times 24 \text{ sf} = 93.85 \text{ cfs}$$

$$r = \frac{A}{P} = \frac{24 \text{ sf}}{4.83 \text{ ft}} = 4.97$$

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4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)
No water in canal			

Attach measurement notes.

H. Additional notes or comments related to the system:

Distance from well to most southerly place of use is +/-3 miles. USGS quad maps show about 20 feet of elevation fall.

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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	5/21/1980		
BEGIN CONSTRUCTION (A)	5/21/1981	9/5/1979	Well constructed & reported
COMPLETE CONSTRUCTION (B)	10/1/1981	Summer 1979	Pump/motor/pipe installed & ditches expanded
COMPLETE APPLICATION OF WATER (C)	10/1/1982	Fall 1979	Full season of crops harvested & grazed

* 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? **NO**

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? **NO**

5. Pump Test:

a. Did the permit require the submittal of a pump test? **NO**

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>

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**

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

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
#3	Elster	15504964	Power off	000.301 kwh	Spring 1979

If a meter has been installed, items d through f relating to this section may be deleted.

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? **YES NO**

e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

NAME	TITLE	APPROXIMATE DATE

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? **NO**

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

a. Were there special well construction standards? **NO**

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? **NO**

WELL ID #	DATE ATTACHED TO WELL

e. Other conditions? **NO**

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

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SECTION 6
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Aerial imagery	OSU imagery from June 1979 & 1981 & FSA/USDA imagery from June 2016
Well log	KLAM 675
Owners Statement	Notarized statement of constructing & developing the permit by Steve Mosby
Site photos	Location & time stamped pictours of well & conveyance to canal system

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 well, conveyances, and place of use were tied to approximate boundaries using a Trimble GeoXT 6000 GIS data collector and imported to ESRI ArcMap GIS software. Point data was compared with aerial imagery for accuracy.

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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

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Steve M. Mosby, D.D.S.

GENERAL DENTISTRY

310 Wendell Ave., Suite 3
Lewistown, Montana 59457
Tel: (406) 535-2084

April 18, 2020

All Points Engineering- Scott Montgomery

Bend , Oregon

RE: State of Oregon Water Resources

Application : G9307

Permit: G8842

Scott,

With regard to the above named well I can say for certain:

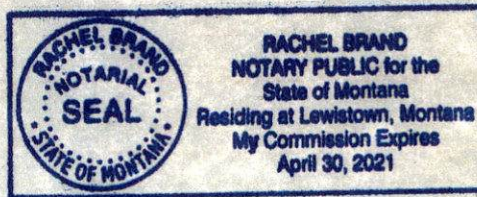
- This well was constructed in June- July 1978.
- I personally delivered the pump, motor and controller to the site in July 1978.
- I know that the pump was installed and in use by summer irrigation season in 1979.
- Aerial photos from 1979 and 1981 show irrigation in several areas located in the application.
- The well has been in continuous use ever since, except those times when a call on surface water prevented us .

I hope this affidavit will witness to the construction and beneficial use of the above named well. Any other specific questions , please give me a call or shoot me an email.

Sincerely,

Steve Mosby
Steve M Mosby DDS, for Mosby Family Trust

Steve Mosby personally appeared before me on April 20, 2020 and signed this document.
State of Montana
Fergus County
Rachel Beard



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OLD WELL

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:51 07-04-2020

Lat: 42° 52' 12.89" N Lon: 101° 47' 53.78" W



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53 07-04-2020

Lat: 42° 52' 12.87" N Lon: 121° 47' 53.73" W

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0:55 07-04-2020

Lat: 42° 52' 12.82" N Lon: 121° 47' 53.63" W



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:56 07-04-2020

Lat: 42° 52' 13.0" N Lon: 121° 47' 54.4" W

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OLD WELL - OUTLET TO DITCH

58 07-04-2020

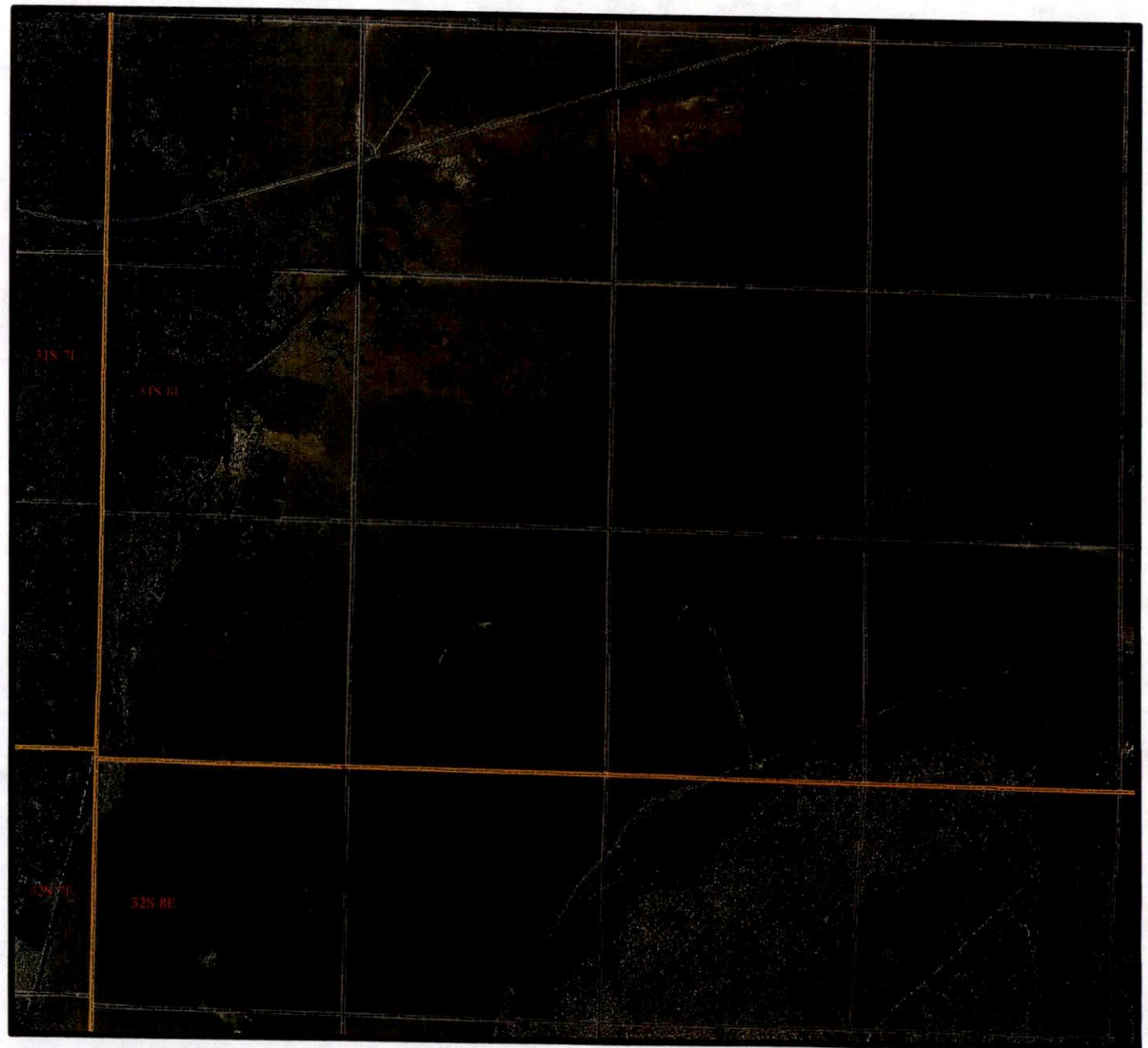
Lat: 42° 52' 13.10" N Lon: 121° 47' 54.44" W

T31S & T32S, R7E & R8E, W.M.

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June 2016 USDA/FSA imagery

0 0.25 0.5 1 Miles





Claim 18 - 1979 Aerial Photo (North)

Aerial photo is dated June 8, 1979
USDA photos: 40 41035 178-30, 40 41035 178-28

0.5

Received

0.5 Miles

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Case 165 Claim 18
Clements Direct
Exhibit 165E00040040
Page 1 of 1



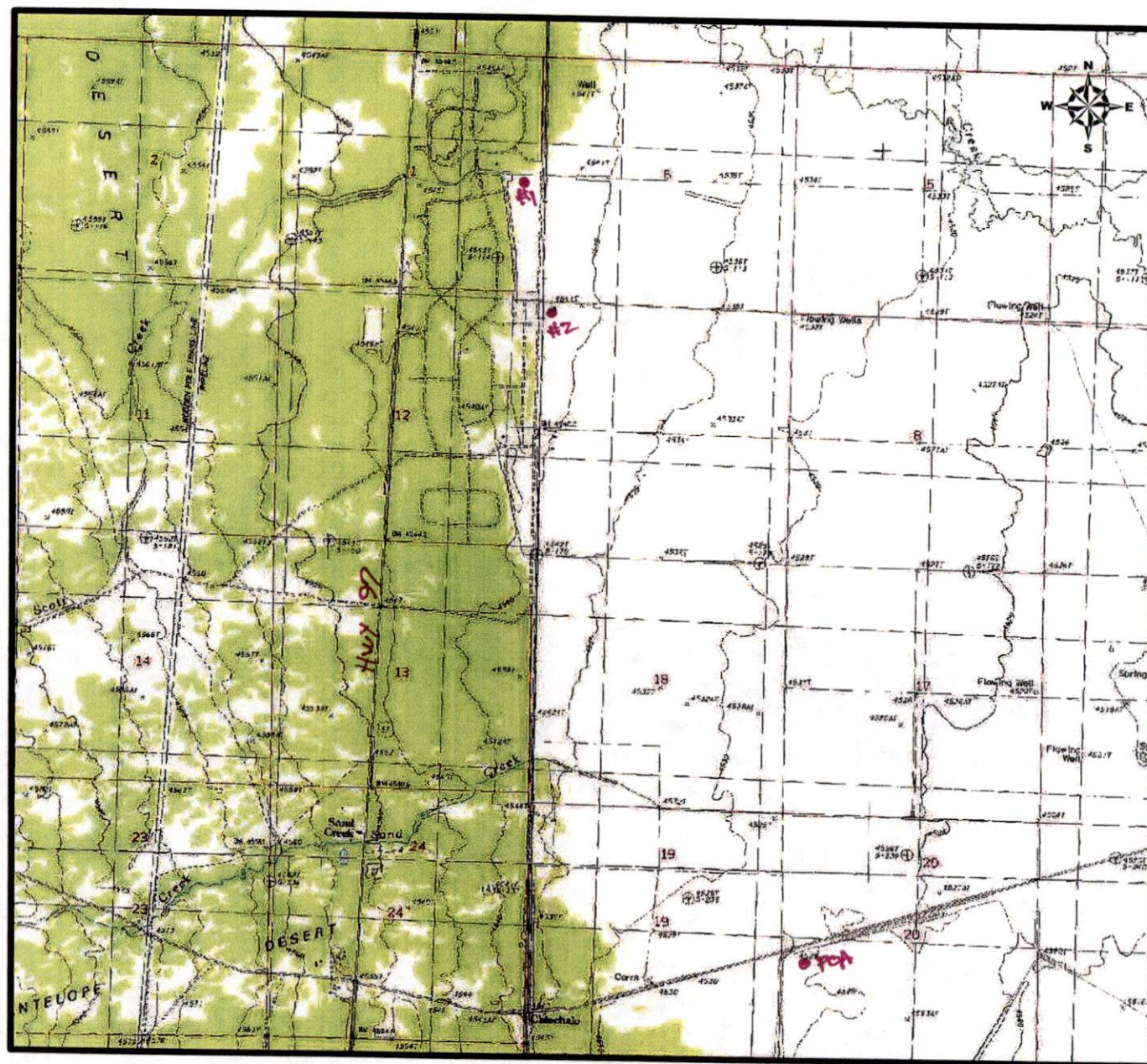
Claim 18 - 1981 Aerial Photo

NASS photo

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Case 165 Claim 18
Clements Direct
Exhibit 165E0040044
Page 1 of 1

T31S & T32S, R7E & R8E, W.M.



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June 2016 USDA/FSA imagery

0 0.25 0.5 1 Miles

T31S & T32S, R7E & R8E, W.M.

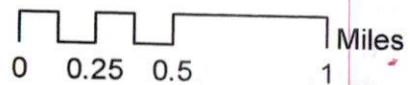


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June 2016 USDA/FSA imagery



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SALE

50 07-04-2020

Lat: 42° 54' 52.87" N Lon: 121° 49' 17.54" W

Garwood
JUN 18 2025
010000

DHS

:21 07-04-2020

Lat: 42° 54' 24.28" N Lon: 121° 49' 4.76" W

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CALIFORNIA PERMANENT

1500

00

5000

5500

6000

771

ACRE FEET X .001

ALABAMA

TEXAS

:22 07-04-2020

Lat: 42° 54' 24.23" N Lon: 121° 49' 4.55" W

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NEMA
Premium
TM
467340

SPECIAL FEATURES
SPECIAL HANDLING
UNMOUNTED OR MOUNTED
PRIOR TO REMOUNTING
1-800-566-1418
B533059

SPECIAL FEATURES
SHAKE SHOOTING
ALIB INSTALLED
INTERMEDIATE
B533059

CATALOG #
H0250V23LN
6216-J
FR HJ51P
PH 3
MAX
AMB
DUTY
WT
CONT
ENCL
UPPER
END BRG
MODEL #
F27

Lat: 42° 54' 24.29" N Lon: 121° 49' 4.72" W
:21 07-04-2020

Received

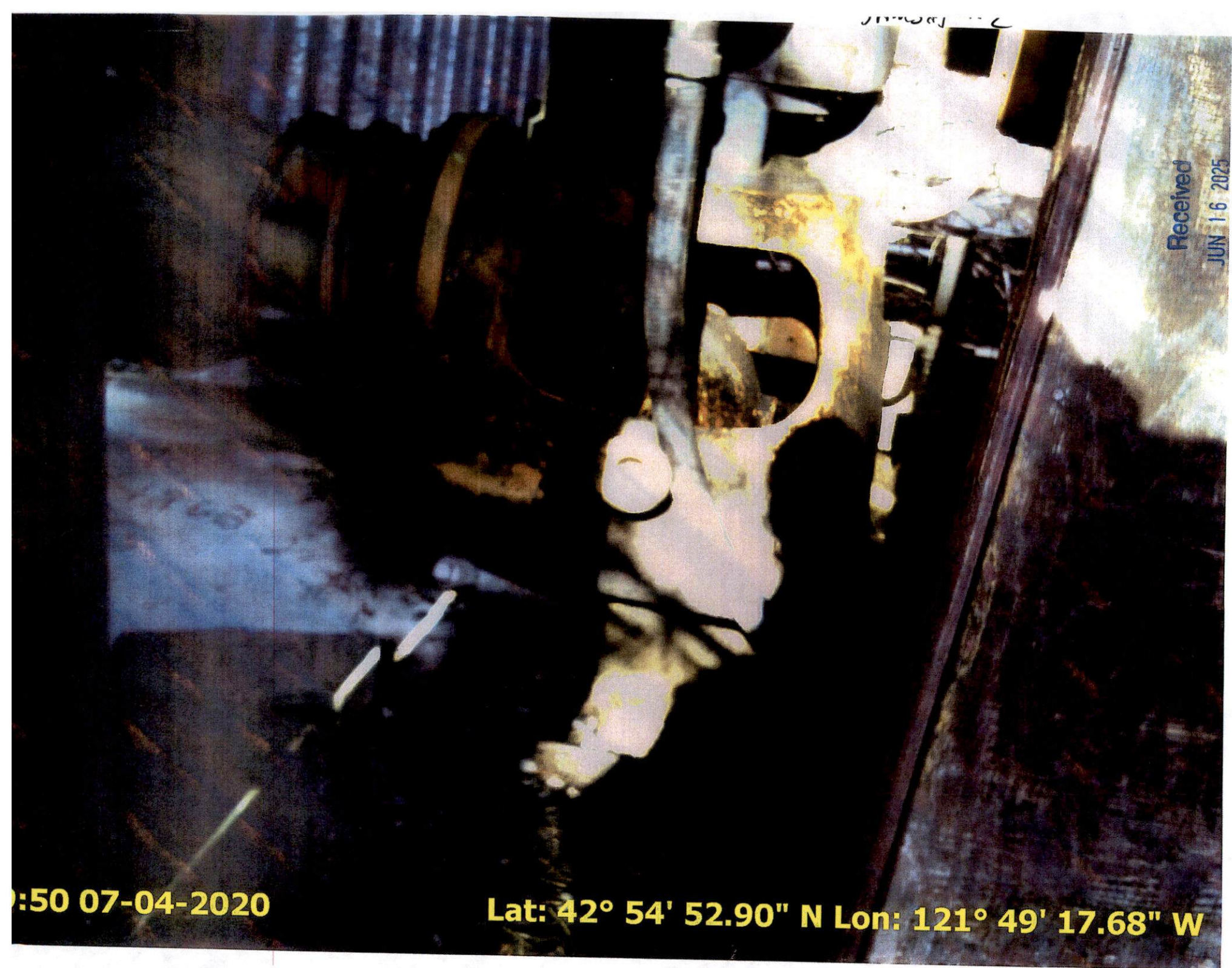
JUN 16 2025

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LOWELL - OUTLET TO SCOTT CK

52 07-04-2020

Lat: 42° 54' 52.38" N Lon: 121° 49' 18.22" W



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0:50 07-04-2020

Lat: 42° 54' 52.90" N Lon: 121° 49' 17.68" W



**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: 6/10/2025
Attention: Certificates
RE: COBU G-8842

[X] Prints ☐ Plans ☐ Plat ☐ Specifications.

Attached is a Claim of Beneficial Use on G-8842 for Mosby Family Trust.

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

Copies	No.	Description
1	1	COBU (15 pages letter bond)
1	2	COBU map (1 page mylar)
1	3	Well log (1 page letter bond)
1	4	Letter from Mosby (1 page letter bond)
1	5	Site photos (16 pages letter bond)
1	6	Request for Assignment w/supporting docs (5 pages letter bond)
1	7	Check for \$120

Signed: _____

Denise Montjoy

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JUN 16 2025
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