Return to:	S. Brugg			
			Vol. MO2 Page	22036
'02 APR 15 PM2:37			State of Oregon, Cou Recorded 04/15/2002 & Vol M02, Pg & 203 Linda Smith, County Cl Fce \$ 2100 # of I	(37 p m. (
ST	ATE OF OREGON WELI			
and/or alteration of a new wat the appropriate County to identify the property.	owners of property on whice well or upon property transfer y Clerks Office. Either the d	r, record the followin	all, within 60 days follog information in the p	roperty deed record
Property Owner Name(s)	): A aucy	W will	1. 071 2	72
Mailing Address:	BAY 3061	7/1/2001, 0	11. 7/65	<u> </u>
Deed Recording Number	· (or legal description)	15-13 [[		
Well Identification Numb	ber(s): L46769			
the Water Resources Department. groundwater without benefit of a wai in the desired amount on a specific In addition to the above, owners of listed below:  1. All wells shall be maintain resource.	properties on which a well is located ned in a condition where they are not a	right issued by the Water Resonance information. The Water Fare responsible for maintaining a threat to public health or safe	ources Department. However, Resources Department cannot g	state law allows some uses of waterantee the presence of water some basic requirements at
<ol> <li>All wells shall be equipped</li> <li>Well casing must be proted</li> <li>Wells may only be permand be carried out in accordar</li> <li>If you would like further information</li> <li>construction, please contact the Orean</li> </ol>	on about water rights, maintaining / a regon Water Resources Department by	at static water level information extension requirements. Inded well constructor or a land bandoning your well, or wish phone at (503) 378-8455, or	to receive a copy of the admin by mail at 158 12th Street NE,	oond. Well abandonment mu
I have read the above desc	cribing my basic rights and p	esponsibilities related t	to well ownership.	
Signature of Property Own	ner(s):	Mang	6/	
	, County of	neth		
This instrument was acknown	owledged before me on	54 April , 2002 (da	ie) by Bragg, Doinglas	Stocton
(name of person(s)) as	type o	of authority - if applicable)	of	(name of)
Before Me:	ment was executed - if applicable,	Seal, if any:	JEREMIA NOTARY PL COMMISSIO	CIAL SEAL IH M. LONG IBLIC-OREGON N NO. 355533
Notary Public for My commission expires	Mar. 10 2006		WY COMMISSION E	XPIRES MAR. 10, 2006//
ļ		000 11 0 1		
21	Recording	g Office Use Only		