

Return to: John H. Shaw
1637 Fantasy Court
Modesto, CA
95351

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'02 SEP 26 AM 11:18

State of Oregon, County of Klamath
Recorded 09/26/2002 11:18 A m.
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Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

STATE OF OREGON WELL OWNERSHIP INFORMATION FORM
(FILE WITH COUNTY CLERK'S OFFICE)

Pursuant to ORS 537.788, owners of property on which a well is located shall, within 60 days following the construction and/or alteration of a new well or upon property transfer, record the following information in the property deed record at the appropriate County Clerks Office. Either the deed recording number or legal description of the property may be used to identify the property.

Property Owner Name(s): oe John H. Shaw

Mailing Address: 1637 Fantasy Ct. Modesto, CA. 95351

Deed Recording Number (or legal description): 39.00S 8.00E 22 County: Klamath

Well Identification Number(s): L52057 Tax-Lot 3700
Street of Well: End of Eden Court

Rights and Responsibilities: Oregon law finds that ownership and the rights to reasonable control of water within this state belongs to the public to be managed by the Water Resources Department. Most uses of water require a water right issued by the Water Resources Department. However, state law allows some uses of groundwater without benefit of a water right. Contact the Department for more information. The Water Resources Department cannot guarantee the presence of water in the desired amount on a specific property.

In addition to the above, owners of properties on which a well is located are responsible for maintaining that well in a proper manner. Some basic requirements are listed below:

1. All wells shall be maintained in a condition where they are not a threat to public health or safety, a source of contamination, or a waste of the groundwater resource.
2. All wells shall be securely covered to prevent any foreign substance from entering the well.
3. All wells shall be equipped with an access port or airline so that static water level information can be determined at any time.
4. Well casing must be protected from damage and meet minimum extension requirements.
5. Wells may only be permanently abandoned by a licensed and bonded well constructor or a landowner with a valid permit and bond. Well abandonment must be carried out in accordance with state rules.

If you would like further information about water rights, maintaining / abandoning your well, or wish to receive a copy of the administrative rules concerning well construction, please contact the Oregon Water Resources Department by phone at (503) 378-8455, or by mail at 158 12th Street NE, Salem, OR 97301-4172.

I have read the above describing my basic rights and responsibilities related to well ownership.

Signature of Property Owner(s): John H. Shaw

State of Oregon, County of Klamath

This instrument was acknowledged before me on _____, 20____ (date) by _____

(name of person(s)) as _____ type of authority - if applicable) of _____ (name of party on behalf of whom instrument was executed - if applicable)

Before Me: See attached gc Seal, if any:

Notary Public for _____
My commission expires _____

Recording Office Use Only

ALCA

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

54776

STATE OF CALIFORNIA }
COUNTY OF Stanislaus } SS.

On September 16, 2002 before me, the undersigned, a Notary Public in and for said State personally appeared John H. Shaw
Name(s) of Signer(s)

☐ Personally known to me OR ☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



Witness my hand and official seal.

Geri Viveiros
Signature of Notary

(Area above for official notarial seal)

Geri Viveiros
Name (Typed or Printed)

Capacity Claimed by Signer	Description of Attached Document
<input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Corporate Officer(s) - Title(s) _____ <input type="checkbox"/> Partner(s) <input type="checkbox"/> Attorney-in-Fact <input type="checkbox"/> Trustee(s) <input type="checkbox"/> Guardian/Conservator <input type="checkbox"/> Other: _____ Signer is Representing: Name of person(s) or Entity(ies) _____ 	<p>(Although this information is optional, it could prevent fraudulent attachment of this certificate to another document.)</p> <p>This certificate is for attachment to the document described below:</p> <p>Title or type of document <u>State of Oregon</u> <u>Well Ownership Information Form</u></p> <p>Number of pages <u>1</u></p> <p>Date of document <u>9-16-02</u></p> <p>Signer(s) other than named above <u>N/A</u></p>