

Return to: EDITH R. WIRTANEN  
133 MARNELL AVE  
SANTA CRUZ, CA  
95062

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State of Oregon, County of Klamath  
Recorded 11/05/03 10:21 a. m  
Vol M03 Pg 82367-68  
Linda Smith, County Clerk  
Fee \$ 26<sup>00</sup> # of Pgs 2

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**STATE OF OREGON WELL 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 records 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): CARLA and EDITH R WIRTANEN TRUST

Mailing Address: 133 MARNELL AVE, SANTA CRUZ, CA 95062

Deed Recording Number (or legal description): M98-19596-

Well Identification Number(s): L65259

**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): *Edith R. Wirtanen*

State of California County of Santa Cruz

*See attached notarial certificate*

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:

\_\_\_\_\_  
Seal, if any:

Notary Public for \_\_\_\_\_

My commission expires \_\_\_\_\_

Recording Office Use Only

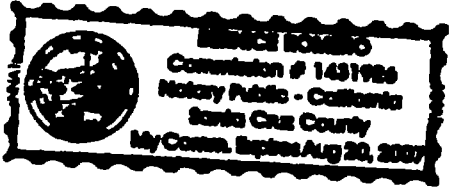
State of California

County of Santa Cruz

On October 30, 2003 before me, Bernice Romero Notary Public,  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Edith Rand Wirtanen  
Name(s) of Signer(s)

personally known to me  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.

Bernice Romero  
Signature of Notary Public

**OPTIONAL**

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: State of Oregon Well Information Form

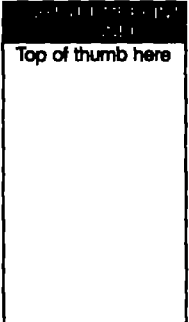
Document Date: undated Number of Pages: 1

Signer(s) Other Than Named Above: none

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

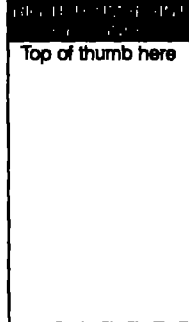
- Individual
- Corporate Officer  
Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_



Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

- Individual
- Corporate Officer  
Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_



Signer Is Representing: \_\_\_\_\_