

Return to: Alton & Teresa Kettle  
5031 Fernwood Cir  
Oakley CA 94561

Vol M03 Page 89011

State of Oregon, County of Klamath  
Recorded 12/05/03 9:39a m  
Vol M03 Pg 89011-12  
Linda Smith, County Clerk  
Fee \$ 26.00 # of Pgs 2

03 DEC 5 AM 9:39

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): Alton E & Teresa E. Kettle

Mailing Address: 5031 Fernwood Cir. Oakley CA 94561

Deed Recording Number (or legal description): Vol M02 pg 63268

Well Identification Number(s): L65292

**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):

State of CA, County of Contra Costa

This instrument was acknowledged before me on November 19, 2002 (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

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

89012

STATE OF CALIFORNIA

COUNTY OF CONTRA COSTA

SS.

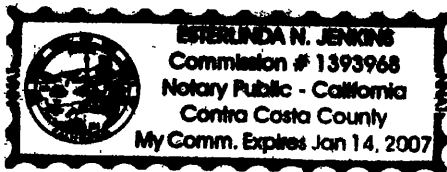
On NOVEMBER 19, 2003

before me, the undersigned, a Notary Public in and for

said State personally appeared ALTON E. KETTLE & TERESA E. KETTLE

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.

*[Signature]*

Signature of Notary

ESTERLINDA N. JENKINS

Name (Typed or Printed)

(Area above for official notarial seal)

## Capacity Claimed by Signer

- ☐ Individual(s)  
☐ Corporate Officer(s) - Title(s) \_\_\_\_\_

- ☐ Partner(s)  
☐ Attorney-in-Fact  
☐ Trustee(s)  
☐ Guardian/Conservator  
☐ Other: \_\_\_\_\_

Signer is Representing: Name of person(s) or  
 Entity(ies) \_\_\_\_\_

## Description of Attached Document

(Although this information is optional, it could prevent fraudulent attachment of this certificate to another document.)

This certificate is for attachment to the document described below:

Title or type of document STATE OF OREGON  
WELL INFORMATION FORM

Number of pages 1

Date of document 11-19-2003

Signer(s) other than named above \_\_\_\_\_