

COLORADO DIVISION OF WATER RESOURCES
DEPARTMENT OF NATURAL RESOURCES
1313 SHERMAN ST., RM 818, DENVER, CO 80203
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Office Use Only

Form GWS-44 (06/2006)

RECEIVED

MAR 26 2007

WATER RESOURCES
STATE ENGINEER
COLO.

RESIDENTIAL Note: Also use this form to apply for livestock watering

Water Well Permit Application

Review instructions on reverse side prior to completing form.
The form must be completed in black or blue ink or typed.

1. Applicant Information

Name of applicant

Mailing address

City

State

Zip code

Telephone #

E-mail (optional)

2. Type Of Application (check applicable boxes)

- ☐ Construct new well ☐ Use existing well
☐ Replace existing well ☐ Change or increase use
☐ Change source (aquifer) ☐ Reapplication (expired permit)
☒ Other: Rule 6.2.1 Open Permit

3. Refer To (if applicable)

Well permit #

Water Court case #

Designated Basin Determination #

Well name or #

4. Location Of Proposed Well

County

1/4 of the

1/4

Section

Township

N or S

Range

E or W

Principal Meridian

Distance of well from section lines (section lines are typically not property lines)

Feet from ☐ N ☐ S

Feet from ☐ E ☐ W

For replacement wells only - distance and direction from old well to new well

feet

direction

Well location address (Include City, State, Zip)

☐ Check if well address is same as in item 1.

Optional: GPS well location information in UTM format. GPS unit settings are as follows:

Format must be UTM

☐ Zone 12 or ☐ Zone 13

Units must be Meters

Datum must be NAD83

Unit must be set to true north

Was GPS unit checked for above? ☐ YES

Easting:

Northing:

Remember to set Datum to NAD83

5. Parcel On Which Well Will Be Located

(PLEASE ATTACH A CURRENT DEED FOR THE SUBJECT PARCEL)

A. You must check and complete one of the following:

- ☐ Subdivision: Name _____
Lot _____ Block _____ Filing/Unit _____
☐ County exemption (attach copy of county approval & survey):
Name/# _____ Lot # _____
☐ Parcel less than 35 acres, not in a subdivision, attach a deed with metes and bounds description recorded prior to June 1, 1972, and a current deed
☐ Mining claim (attach a copy of the deed or survey): Name/# _____
☐ Square 40 acre parcel as described in Item 4
☒ Parcel of 35 or more acres (attach a metes and bounds description or survey)
☐ Other (attach metes & bounds description or survey and supporting documents)

B. # of acres in parcel

40

C. Are you the owner of this parcel?

☒ YES ☐ NO (if no - see instructions)

D. Will this be the only well on this parcel? ☒ YES ☐ NO (if no - list other wells)

E. State Parcel ID# (optional):

6. Use Of Well (check applicable boxes)

See instructions to determine use(s) for which you may qualify

- ☐ A. Ordinary household use in one single-family dwelling (no outside use)
☒ B. Ordinary household use in 1 to 3 single-family dwellings:
Number of dwellings: 3
☒ Home garden/lawn irrigation, not to exceed one acre:
area irrigated 1 ☐ sq. ft. ☒ acre
☒ Domestic animal watering - (non-commercial)
☒ C. Livestock watering (on farm/ranch/range/pasture)

7. Well Data (proposed)

Maximum pumping rate 15 gpm Annual amount to be withdrawn _____ acre-feet
Total depth _____ feet Aquifer _____

8. Water Supplier

Is this parcel within boundaries of a water service area? ☐ YES ☒ NO
If yes, provide name of supplier:

9. Type Of Sewage System

- ☒ Septic tank / absorption leach field
☐ Central system: District name: _____
☐ Vault: Location sewage to be hauled to: _____
☐ Other (attach copy of engineering design and report)

10. Proposed Well Driller License #(optional):

11. Signature Of Applicant(s) Or Authorized Agent

The making of false statements herein constitutes perjury in the second degree, which is punishable as a class 1 misdemeanor pursuant to C.R.S. 24-4-104 (13)(a). I have read the statements herein, know the contents thereof and state that they are true to my knowledge.

Sign here (Must be original signature)

Date

Print name & title

George Pizz Owner

3/23/07

Office Use Only

USGS map name

DWR map no.

Surface elev.

Muldown Hill

79N

Rule 6.2.3

Receipt area only

W $\frac{1}{2}$, W $\frac{1}{2}$, SE $\frac{1}{4}$

Trans Number: 3614644B
3/26/2007 11:47:35 AM
Yolanda Johnson (14)
Total Trans Amt: \$200.00
CHECK
Check Number: 3552
Check Amount: \$200.00 ✓

WE ✓

WR ✓

CWCB ✓

TOPO ✓

MYLAR

SB5

DIV 2 WD 15 BA _____ MD _____