

OFFICE OF THE STATE ENGINEER
COLORADO DIVISION OF WATER RESOURCES

818 Centennial Bldg., 1313 Sherman St., Denver, Colorado 80203
(303) 866-3581

889

WELL PERMIT NUMBER 248417 - -
DIV. 1 WD 4 DES. BASIN MD

APPLICANT

DONALD L HORNER
2493 GLENDALE CT
LOVELAND, CO 80538-

(970) 461-1429

APPROVED WELL LOCATION

LARIMER COUNTY
SE 1/4 SW 1/4 Section 24
Township 7 N Range 71 W Sixth P.M.

DISTANCES FROM SECTION LINES

1060 Ft. from South Section Line
1590 Ft. from West Section Line

UTM COORDINATES

Northing: Easting:

PERMIT TO CONSTRUCT A WELL

ISSUANCE OF THIS PERMIT DOES NOT CONFER A WATER RIGHT

CONDITIONS OF APPROVAL

- 1) This well shall be used in such a way as to cause no material injury to existing water rights. The issuance of this permit does not assure the applicant that no injury will occur to another vested water right or preclude another owner of a vested water right from seeking relief in a civil court action.
- 2) The construction of this well shall be in compliance with the Water Well Construction Rules 2 CCR 402-2, unless approval of a variance has been granted by the State Board of Examiners of Water Well Construction and Pump Installation Contractors in accordance with Rule 18.
- 3) Approved pursuant to CRS 37-92-602(3)(b)(II)(A) as the only well on a tract of land of 35.00 acres described as that portion of the SW 1/4, Sec. 24, Twp. 7 N, Rng. 71 W, Sixth P.M., Larimer County, more particularly described as parcel 4 on the attached exhibit A.
- 4) The use of ground water from this well is limited to fire protection, ordinary household purposes inside not more than three (3) single family dwellings, the irrigation of not more than one (1) acre of home gardens and lawns, and the watering of domestic animals.
- 5) The maximum pumping rate of this well shall not exceed 15 GPM.
- 6) The return flow from the use of this well must be through an individual waste water disposal system of the non-evaporative type where the water is returned to the same stream system in which the well is located.
- 7) This well shall be constructed not more than 200 feet from the location specified on this permit. *3/10/03*

APPROVED
SKB

Hal D. Lippman

State Engineer

Steven Barrett

By

Receipt No. 0505901A

DATE ISSUED 03-10-2003

EXPIRATION DATE 03-10-2005

1. WELL PERMIT NUMBER 248417

2. OWNER NAME(S) DONALD HORNER
 Mailing Address 2493 GLENDALE CT
 City, St. Zip LOVELAND CO 80538
 Phone (970) 461-1429

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0505901A WATER RESOURCES STATE ENGINEER

3. WELL LOCATION AS DRILLED: SE 1/4 SW 1/4, Sec. 24 Twp. 7N Range 71W
 DISTANCES FROM SEC. LINES:
1060 ft from SOUTH Sec. line. and 1590 ft. from WEST Sec. line. OR
 SUBDIVISION: _____ LOT _____ BLOCK _____ FILING(UNIT) _____
 STREET ADDRESS AT WELL LOCATION: _____

4. GROUND SURFACE ELEVATION _____ ft. DRILLING METHOD AIR ROTARY
 DATE COMPLETED 6-10-03 TOTAL DEPTH 500 ft. DEPTH COMPLETED 500 ft.

5. GEOLOGIC LOG:
 DEPTH DESCRIPTION OF MATERIAL (TYPE, SIZE, COLOR, WATER LOCATION)
0-70 BROWN SHIST
70-500 GREY SHIST 5GPM!@390

REMARKS: _____

6. HOLE DIAM. (in.)	From (ft)	TO (ft)
10"	0	40
6 1/2"	40	500

7. PLAIN CASING				
OD	Kind	Wall Size	From(ft)	To(ft)
7"	STEEL	.188	1	40
4"	PVC	.237	20	380
PERF. CASING: Screen Slot Size: <u>0.028</u>				
4"	PVC	.237	380	500

8. FILTER PACK: Material _____ Size _____ Interval _____	9. PACKER PLACEMENT: Type _____ Depth _____
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10. GROUTING RECORD:				
Material	Amount	Density	Interval	Placement
CEMENT	6 BAGS	15LBS	0-50	PUMPED

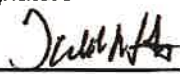
11. DISINFECTION: Type HTH Amt- Used 10 GAL

12. WELL TEST DATA: Check box if Test Data Is submitted on Supplemental Form.
 TESTING METHOD BLOWTEST
 Static Level 500 ft. Date/Time measured 6-10-03 Production Rate 5 gpm.
 Pumping level 500 ft. Date/Time measured 6-10-03 Test length (hrs.) 1
 Remarks _____

13. I have read the statements made herein and know the contents thereof, and that they are true to my knowledge. [Pursuant to section 24-4-104 (13)(a) CRS THE MAKING OF FALSE STATEMENTS HEREIN CONSITUTES PERJURY IN THE SECOND DEGREE AND IS PUNISHABLE AS A CLASS 1 MISDEMEANOR]

CONTRACTOR: HERSH & SON WELL DRILLING INC Phone (970)667-4096 LIC. NO. 889
 Mailing Address: 9205 W CTY RD 38E LOVELAND CO 80538

Name/Title (Please type or print) LARRY HERSH (PRESIDENT)	Signature <i>Larry Hersh</i>	Date 6/10/03
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FORM NO. GWS-32 5/2003	PUMP INSTALLATION AND TEST REPORT STATE OF COLORADO, OFFICE OF THE STATE ENGINEER	For Office Use only RECEIVED JAN 21 2004 WATER RESOURCES STATE ENGINEER COLO 0505901A
1. WELL PERMIT NUMBER <u>248417</u>		
2. OWNER NAME(S) <u>Donald Horner</u> Mailing Address <u>2493 Glendale Ct</u> City, St. Zip <u>Loveland CO 80538</u> Phone (970) <u>461-1429</u>		
3. WELL LOCATION AS DRILLED: <u>SE 1/4 SW 1/4, Sec. 24</u> Twp. <u>7 N</u> , Range <u>71 W</u> DISTANCES FROM SEC. LINES: <u>1060</u> ft. from <u>South</u> Sec. line. and <u>1590</u> ft. from <u>West</u> Sec. line. <small>(north or south) (east or west)</small> SUBDIVISION: _____ LOT _____ BLOCK _____ FILING(UNIT) _____ STREET ADDRESS AT WELL LOCATION: <u>405 Moondance, Masonville</u>		
4. PUMP DATA: Type <u>Submersible</u> Installation Completed <u>12-10-03</u> Pump Manufacturer <u>Goulds</u> Pump Model No. <u>7GS15422</u> Design GPM <u>7</u> at RPM <u>3400</u> , HP <u>1.5</u> , Volts <u>230</u> , Full Load Amps <u>13.1</u> Pump Intake Depth <u>475</u> Feet, Drop/Column Pipe Size <u>1</u> inches, Kind <u>PVC</u> ADDITIONAL INFORMATION FOR PUMPS GREATER THAN 50 GPM: TURBINE DRIVER TYPE: <input type="checkbox"/> Electric <input type="checkbox"/> Engine <input type="checkbox"/> Other _____ Design Head _____ feet, Number of Stages _____, Shaft size _____ inches.		
5. OTHER EQUIPMENT: Airline Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Orifice Depth ft. _____ Monitor Tube Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Depth ft. _____ Flow Meter Mfg. <u>N/A</u> Meter Serial No. _____ Meter Readout <input checked="" type="checkbox"/> Gallons, <input type="checkbox"/> Thousand Gallons, <input type="checkbox"/> Acre feet, <input type="checkbox"/> Beginning Reading <u>5000</u>		
6. TEST DATA: <input type="checkbox"/> Check box if Test data is submitted on Supplemental Form. Date <u>12-10-03</u> Total Well Depth <u>500</u> Time <u>3:30pm</u> Static Level <u>200</u> Rate (GPM) <u>7</u> Date Measured <u>12-09-03</u> Pumping Lvl. <u>unknown</u>		
7. DISINFECTION: Type <u>Chlorination</u> Amt. Used <u>1 Gallon</u>		
8. Water Quality analysis available. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9. Remarks _____ _____ _____ _____		
10. I have read the statements made herein and know the contents thereof, and that they are true to my knowledge. [Pursuant to Section 24-4-104 (13)(a) C.R.S., the making of false statements herein constitutes perjury in the second degree and is punishable as a class 1 misdemeanor.]		
CONTRACTOR <u>Boulder GWS LLC</u> Phone <u>(303) 527-0396</u> Lic. No. <u>1206</u> Mailing Address <u>4699 Nautlius Court South Unit # 308 Boulder CO 80301</u>		
Name/Title (Please type or print) <u>Todd Hunter/ President</u>	Signature 	Date <u>1-10-04</u>

DW 1

Form No. GWS-11 08/2016	COLORADO DIVISION OF WATER RESOURCES DEPARTMENT OF NATURAL RESOURCES 1313 Sherman St., Ste 821, Denver CO 80203 (303) 866-3581 dwrpermitsonline@state.co.us	For Office Use Only
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CHANGE IN OWNER NAME/MAILING ADDRESS

PRIOR TO COMPLETING THIS FORM, SEE INSTRUCTIONS ON REVERSE SIDE
 INCOMPLETE, POOR QUALITY, OR ILLEGIBLE FORMS CANNOT BE PROCESSED AND WILL BE RETURNED

Name, address and phone number of person claiming ownership of the well permit:

Name(s): Kristian Leitz Stauffer

Mailing Address: 405 Moondance way

City, St. Zip: Bellvue CO 80512

Phone: () - - ~~XXXXXXXXXXXX~~

Well Permit Number: 24847 Receipt Number: _____ Case Number (optional): _____

WELL LOCATION: County: Spruce Well Name or # (optional): _____

405 Moondance way Bellvue CO 80512

Street Address at Well Location City State Zip

Check if well address is same as owner's mailing address


____ 1/4 of the ____ 1/4, Sec. 24, Township 7 N. or S., Range 71 E. or W., 6th P.M.

Distance from Section Lines: _____ Ft. from N. or S. Line, _____ Ft. from E. or W. Line.

Subdivision Name (if applicable): _____, Lot _____, Block _____, Filing/Unit _____

NOTE: If changing/correcting the permitted location of a well, use Form No. GWS-42.

I (we) claim and say that I am (we are) the owner(s) of the well permit described above, know the contents of the statements made herein, and state that they are true to my (our) knowledge. This filing is made pursuant to C.R.S. 37-90-143.

Signature(s) of the New Owner 	Please print the Signer's Name & Title <u>Kristian Leitz Stauffer</u>	Date <u>Nov 15 2019</u>
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It is the responsibility of the new owner of this well permit to complete and sign this form. If an agent is signing or entering information, please see instructions.
 Please allow 4 to 6 weeks for processing of this form. Thereafter, you can view or print the accepted document at:
<http://www.dwr.state.co.us/WellPermitSearch>

Signature of DWR staff indicates acceptance as a Change in Owner Name and/or Mailing Address.

For Staff Use Only


 Staff Signature

12/23/2019
 Date