

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): Michael W. Monger and Lourdes M. Monger

Mailing Address: 3250 Slocum Rd

City, St. Zip: Peyton, CO. 80831

Phone: (____) ____ - ____ Email: _____

Well Permit Number: 1014-BD **Receipt Number:** 36060025 **Case Number (optional):** _____

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

<u>3250 Slocum Rd</u>	<u>Peyton</u>	<u>CO</u>	<u>80831</u>
Street Address at Well Location	City	State	Zip

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

NE 1/4 of the NE 1/4, Sec. 35 , Township 13.0 N. or S., Range 64.0 E. or W., S _____ 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	Date
_____	_____	_____

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	Date
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