

COLORADO DIVISION OF WATER RESOURCES DEPARTMENT OF NATURAL RESOURCES 1313 SHERMAN ST., Ste 821, DENVER, CO 80203 Main: (303) 866-3581 dwrpermitsonline@state.co.us		<div style="border: 1px solid black; padding: 2px; text-align: right;">Form GWS-70 (07/2016)</div> Office Use Only Approved <input type="checkbox"/> Denied <input type="checkbox"/> Initials: _____ Amount: _____ Reason: _____ _____ _____ _____ _____ _____ Receipt No.: _____		
Refund Request				
Name Phil + Ivonne Strerett				
Mailing Address 16078 Spencer Rd West				
City Peyton	State CO			Zip Code 80531
Telephone Number (w/ Area Code) (REQUIRED) 719-749-2982				
Why is a refund being requested? Give as much detail as possible. Attach additional pages if necessary. Include in your request, your original method and date of payment, and amount paid. Make sure to attach a copy of the check used to pay or the credit card statement where the charge appears. <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div>				
<div style="font-size: 2em; margin-top: 20px;">Change in use of permit not needed.</div>				
Printed Name Phil Strerett Ivonne Strerett				
Signature 		Date 11/14/18		



Phil Strevett <strevett7@gmail.com>

Commercial Well Permit application, rcpt. 3689180


4 messages

Porter - DNR, Shannon <shannon.porter@state.co.us>
To: Phil Strevett <strevett7@gmail.com>

Tue, Nov 13, 2018 at 12:59 PM

Based on what we discussed for the proposed use of your well for a dog kennel, this office has determined that you don't need to change the use on your existing well permit from domestic to commercial. Your permit was issued for 1 acre-foot of water per year. You explained that you will not have employees or customers accounting for an increase in water demand. The number of dogs you breed and train will not consume more water than what is already allowed on your permit for domestic animal watering.
If the County insists you obtain a commercial well permit we can issue one but it will be issued for the same uses you are currently allowed on permit no. 284649.
Let me know if you need anything else.

--


Shannon Porter
Engineering/Physical Science Technician
Designated Basins
 **COLORADO**
Division of Water Resources
Department of Natural Resources
P 303.866.3581 x 8204
1313 Sherman St., Suite 821, Denver, CO 80203
Shannon.Porter@state.co.us | water.state.co.us

Phil Strevett <strevett7@gmail.com>
To: Shannon Porter - DNR <shannon.porter@state.co.us>

Wed, Nov 14, 2018 at 10:29 AM

Here is an updated form

Ivonne
[Quoted text hidden]

 **Refund for well.pdf**
511K

COLORADO DIVISION OF WATER RESOURCES DEPARTMENT OF NATURAL RESOURCES 1313 SHERMAN ST, RM 821, DENVER, CO 80203 Main: (303) 866-3581 dwrpermitsonline@state.co.us		Office Use Only		Form GWS-45 (07/2013)	
GENERAL PURPOSE Water Well Permit Application Review instructions on reverse side prior to completing form. The form must be computer generated, typed or in black or blue ink.					
1. Applicant Information					
Name of applicant Phil and Irvonne Strevett					
Mailing address 16078 Spencer Road West					
City Peyton		State CO		Zip code 80831	
Telephone # (area code & number) 719-749-2982		E-mail (online filing required) strevett7@gmail.com			
2. Type Of Application (check applicable boxes)					
<input type="checkbox"/> Construct new well		<input type="checkbox"/> Use existing well			
<input type="checkbox"/> Replace existing well		<input checked="" type="checkbox"/> Change or increase use			
<input type="checkbox"/> Change source (aquifer)		<input type="checkbox"/> Reapplication (expired permit)			
<input type="checkbox"/> COGCC Well		<input type="checkbox"/> Other: _____			
3. Refer To (if applicable)					
Well permit # 284649		Water Court case #			
Designated Basin Determination #		Well name or #			
4. Location Of Proposed Well					
County El Paso		SE 1/4 of the SW 1/4			
Section 23		Township 12		Range 64	
N or S <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S		E or W <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W		Principal Meridian Sixth	
Distance of well from section lines (section lines are typically not property lines) 136 Ft. from <input type="checkbox"/> N <input checked="" type="checkbox"/> S 1462 Ft. from <input type="checkbox"/> E <input checked="" type="checkbox"/> W					
For replacement wells only – distance and direction from old well to new well exact location listed above direction					
Well location address (Include City, State, Zip) <input type="checkbox"/> Check if well address is same as in Item 1. 16078 Spencer Road West					
Optional: GPS well location information in UTM format You must check GPS unit for required settings as follows:					
Format must be UTM <input type="checkbox"/> Zone 12 or <input checked="" type="checkbox"/> Zone 13 Units must be Meters Datum must be NAD83 Unit must be set to true north Was GPS unit checked for above? <input checked="" type="checkbox"/> YES		Easting 540793 Northing 4315114 Remember to set Datum to NAD83			
5. Parcel On Which Well Will Be Located (PLEASE ATTACH A CURRENT DEED FOR THE SUBJECT PARCEL)					
A. Legal Description (may be provided as an attachment): WASE4SW4 SEC23-12-64					
B. # of acres in parcel 20		C. Owner Phil + Irvonne Strevett			
D. Will this be the only well on this parcel? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if no list other wells)					
E. State Parcel ID# (optional): 4223000010					
6. Use Of Well (check applicable boxes)					
Attach a detailed description of uses applied for.					
<input type="checkbox"/> Industrial		<input type="checkbox"/> Dewatering System			
<input type="checkbox"/> Municipal		<input type="checkbox"/> Geothermal (production or reinjection)			
<input type="checkbox"/> Irrigation		<input type="checkbox"/> Other (describe): _____			
<input checked="" type="checkbox"/> Commercial					
7. Well Data (proposed)					
Maximum pumping rate 8 gpm		Annual amount to be withdrawn 1 acre-feet			
Total depth 620 feet		Aquifer Denver			
8. Land On Which Ground Water Will Be Used					
Legal Description of Land (may be provided as an attachment): The west half of the SE quarter of the SW quarter of section 23 in Township 12 South, range 64 West of the 6th P.M. El Paso County, CO (If used for crop irrigation, attach a scaled map that shows irrigated area.)					
A. # Acres 20		B. Owner Phil + Irvonne Strevett			
C. List any other wells or water rights used on this land: none					
9. Proposed Well Driller License #(optional):					
10. Sign or Entered Name 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 or enter name(s) of person(s) submitting application Irvonne Strevett				Date (mm/dd/yyyy) 10.25.2018	
If signing print name and title owner co-owner					
Office Use Only					
USGS map name		DWR map no.		Surface elev.	
Receipt area only					
AQUAMAP WE WR CWCB TOPO MYLAR SB5 DIV ____ WD ____ BA ____ MD ____					

COMMERCIAL SMALL CAPACITY WELL WATER USE BREAKDOWN WORKSHEET
(For Wells Located Within Designated Groundwater Basins)

Name and Type of Business Four Corners Canine, LLC Dog Kennel

1. Is this application for a new well?
Yes
✓ No If no, is this application for a change of use for an existing permitted well?
✓ Yes Permit Number of well (if applicable) 284649
____ No For wells used **prior to May 8, 1972** see form GWS-12 *Registration of Existing Well* for further information.

2. Type of disposal system:
- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Septic tank/absorption leach field |
| <input type="checkbox"/> | Central System (district name:) |
| <input type="checkbox"/> | Vault (location sewage hauled to:) |
| <input type="checkbox"/> | Other (attach copy of engineering design) |

3. Water Demand Calculations (for average factors for water demand see below)

Employees

Number of Employees	X	Number of Gallons per Employee per Day	X	Number of Days Employee Works per Year	=	Gallons per Year
<u>0</u>	X		X		=	

A

Customers

Number of Customers per Day	X	Number of Gallons per Customer	X	Number of Days Business is Open per Year	=	Gallons per Year
	X		X		=	

B

Outside

Square Feet of Irrigated Landscape	X	Number of Gallons per square foot per day	X	Number of Days landscape is irrigated	=	Gallons per Year
	X	<u>45</u>	X		=	

C

Other Uses - Provide breakdowns for all other substantial water usage (i.e. veterinary clinic, green houses, etc.)

Type of Use	X	Gallons per Use per Day	X	Days per Year	=	Gallons per Year
<u>Dog Kennel</u>	X	<u>125</u>	X	<u>365</u>	=	<u>45,625</u>

D

* This is a high amount of water per day but I'm trying to be as accurate as I can. In addition, my wife and I have 5 children as well.

Total amount of water required: _____ gallons per year (A+B+C+D)
_____ acre-ft per year (1 acre-ft = 325,851 gallons)

1. The pumping rate shall not exceed 50 gallons per minute and may be further limited by Water Management District Rules.

General Guidelines for Water Demand in Gallons per Day
Day Workers at Offices – 15 gallons/person/day
Food Service Establishments (with toilet and kitchen wastes) – 10 gallons/patron/day
Churches (does not include food service) – 5 gallons/seat/day
Overnight Lodging – 50 gallons/customer/day
Landscape Irrigation – 45 gallons/1,000 square feet/day
On-Site Proprietor of Overnight Lodging (i.e. on-site owner of a Bed & Breakfast) – 80 gallons/person/day

Additional water demand figures may be obtained from a private water consultant or from a technical reference on this subject.

SUPPLEMENTAL INFORMATION FOR SMALL CAPACITY COMMERCIAL WELL PERMIT APPLICATIONS
(For Wells Located Within Designated Groundwater Basins)

Small capacity commercial well permit applications are evaluated pursuant to the provisions of CRS 37-90-105, which allows for one well in one commercial business. **Pending approval, the use of this proposed well for a commercial business having another small capacity commercial well is prohibited.** This supplemental information form is necessary in order to determine whether your application qualifies within the provisions of this statute.

Please answer the following questions using type or black ink. If additional space is needed, identify the question number on a separate sheet, then attach to this form. This form must be signed and dated below.

1. Name the type of business this proposed well will serve. Dog Kennel
2. Will you own and operate this proposed well and the commercial business yes
 - If not, please explain who will own and operate this well and the business served by this well? _____
3. Do you qualify as one commercial business as defined under CRS 37-90-105(1)(c)(II) (see below for referenced statute). yes
4. Do you currently have a valid permit for any other small capacity commercial well inside any Designated Ground Water Basin in Colorado? No
 - If so, please provide the permit number(s) of any valid permit(s) you have. _____

I (we) have read the statement made herein, know the content thereof, and state that they are true to my (our) 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.]

Name/Title (print or type): Four Corners Canine, LLC
Signature: Phil Strevett Ivonne Strevett Date: 10/25/18

Under **CRS 37-90-105** - Small Capacity Wells, paragraph (1)(c) (II) reads as follows:

To qualify as a "commercial business" under this paragraph (c), the business shall be:

- (A) A business that will be operated by the well owner and that will have its own books, bank accounts, checking accounts, and separate tax returns;
- (B) A business that will use water solely on the land indicated in the permit for the well and for the purposes stated in such permit;
- (C) A business that will maintain its individual assets and will own or lease the property on which the well is to be located or where the business is operated;
- (D) A business that will have its own contractual agreements for operation of the business;
- (E) A business that agrees not to transfer a permit issued under this paragraph (c) to another entity that also holds a small capacity commercial well permit under this paragraph (c); and
- (F) A business that agrees to notify any potential buyer that such buyer shall notify the state engineer of any change in ownership of such business within sixty days after any such change in ownership.

WELL PERMIT NUMBER 284649
DIV. 8 WD 10 DES. BASIN 4 MD 12

APPLICANT

ROBERT TIRREL & SHERI B. LUCAS
489 COUNTY RD 137
RUSH, CO 80833-

(719) 478-2367

APPROVED WELL LOCATION

EL PASO COUNTY
SE 1/4 SW 1/4 Section 23
Township 12 S Range 64 W Sixth P.M.

DISTANCES FROM SECTION LINES

136 Ft. from South Section Line
1462 Ft. from West Section Line

UTM COORDINATES (Meters, Zone: 13, NAD83)

Easting: 540793 Northing: 4315114

PERMIT TO CONSTRUCT A WELL

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 ensure 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 37-90-105(3)(d) for the replacement of an existing well and a change of source from that permitted under permit no. 19549. The old well must be plugged and abandoned in accordance with Rule 16 of the Water Well Construction Rules. The enclosed Well Abandonment Report form must be completed within ninety (90) days of construction of the new well affirming that the old well was plugged and abandoned. Issuance of this permit cancels permit no. 19549.
- 4) Water from this well may be used for domestic purposes inside 1 single family dwelling(s), and the watering of the owner's own large non-commercial domestic animals.
- 5) The pumping rate of this well shall not exceed 15 GPM.
- 6) The annual withdrawal of ground water from this well shall not exceed 1 acre-foot.
- 7) The irrigated area shall not exceed 13,260 square-feet of lawn and garden.
- 8) Production is limited to the Denver aquifer which is located 255 feet below land surface and extends to a depth of 1025 feet. Plain casing must be installed and grouted to prevent the withdrawal of ground water from other aquifers and the movement of ground water between aquifers.
- 9) This well shall be constructed within 300 feet of the location specified on this permit.

NOTE: The ability of this well to withdraw its authorized amount of water from this non-renewable aquifer may be less than the 100 years upon which the amount of water in the aquifer is allocated, due to anticipated water level declines.

NOTICE: This permit has been approved with a change to the permit application form from that applied for by the applicant. You are hereby notified that you have the right to appeal the issuance of this permit, by filing a written request with this office within sixty (60) days of the date of issuance, pursuant to the State Administrative Procedures Act. (See Section 24-4-104 through 106, C.R.S.)

APPROVED
IF1

State Engineer

DATE ISSUED 12-03-2010

By

EXPIRATION DATE 12-03-2012

Receipt No. 3648190

COLORADO DIVISION OF WATER RESOURCES DEPARTMENT OF NATURAL RESOURCES 1313 SHERMAN ST., RM 818, DENVER, CO 80203 phone - info: (303) 866-3587 main: (303) 866-3581 fax: (303) 866-3589 http://www.water.state.co.us		Office Use Only		Form DWS-44 (8/7/2009) RECEIVED DEC 03 2010 WATER RESOURCES STATE ENGINEER COLO.	
RESIDENTIAL Note: Also use this form to apply for livestock watering Water Well Permit Application Review form instructions prior to completing form. The form must be completed in black or blue ink or typed.					
1. Applicant Information Name of applicant: <u>Robert Tirrel & Sheri B. Lucas</u> Mailing address: <u>489 County Rd 137</u> City: <u>Rush</u> State: <u>CO</u> Zip code: <u>80833</u> Telephone #: <u>(719) 478-2367</u> E-mail (optional):					
2. Type Of Application (check applicable boxes) <input type="checkbox"/> Construct new well <input type="checkbox"/> Change source (aquifer) <input checked="" type="checkbox"/> Replace existing well <input type="checkbox"/> Reapplication (expired permit) <input type="checkbox"/> Use existing well <input type="checkbox"/> Rooftop precip. collection <input type="checkbox"/> Change or increase use <input type="checkbox"/> Other:					
3. Refer To (if applicable) Well permit #: <u>19549</u> Water Court case # Designated Basin Determination # Well name or #					
4. Location Of Proposed Well (Important! See Instructions) County: <u>El Paso</u> <u>SE</u> 1/4 of the <u>SW</u> 1/4 Section: <u>23</u> Township: <u>12</u> N or S <u>64</u> E or W <u>64</u> Principal Meridian <u>Sixth</u> Distance of well from section lines (section lines are typically not property lines) <u>136</u> ft. from <input type="checkbox"/> N <input checked="" type="checkbox"/> S <u>1462</u> ft. from <input type="checkbox"/> E <input checked="" type="checkbox"/> W For replacement wells only - distance and direction from old well to new well <u>exact location listed above</u> direction Well location address (Include City, State, Zip) <input checked="" type="checkbox"/> Check if well address is same as in Item 1. <u>16078 Spencer Rd</u> Optional: GPS well location information in UTM format. GPS unit settings are as follows: Format must be UTM <input type="checkbox"/> Zone 12 or <input checked="" type="checkbox"/> Zone 13 Units must be Meters Datum must be NAD83 Unit must be set to true north Was GPS unit checked for above? <input checked="" type="checkbox"/> YES Remember to set Datum to NAD83 Easting: <u>540793</u> Northing: <u>4315114</u>					
5. Parcel On Which Well Will Be Located (YOU MUST ATTACH A CURRENT DEED FOR THE SUBJECT PARCEL) A. You must check and complete one of the following: <input type="checkbox"/> Subdivision: Name _____ Lot _____ Block _____ Filing/Unit _____ <input type="checkbox"/> County exemption (attach copy of county approval & survey): Name/# _____ Lot # _____ <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Mining claim (attach a copy of the deed or survey): Name/# _____ <input type="checkbox"/> Square 40 acre parcel as described in Item 4 <input type="checkbox"/> Parcel of 35 or more acres (attach a metes and bounds description or survey) <input type="checkbox"/> Other (attach metes & bounds description or survey and supporting documents) B. # of acres in parcel: <u>20</u> C. Are you the owner of this parcel? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if no - see instructions) D. Will this be the only well on this parcel? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if no - list other wells) E. State Parcel ID# (optional): <u>42230000010</u>					
6. Use Of Well (check applicable boxes) See instructions to determine use(s) for which you may qualify <input type="checkbox"/> A. Ordinary household use in one single-family dwelling (no outside use) <input checked="" type="checkbox"/> B. Ordinary household use in 1 to 3 single-family dwellings: Number of dwellings: <u>1</u> <input checked="" type="checkbox"/> Home garden/lawn irrigation, not to exceed one acre: area irrigated _____ sq. ft. <input checked="" type="checkbox"/> acre <input checked="" type="checkbox"/> Domestic animal watering - (non-commercial) <input checked="" type="checkbox"/> C. Livestock watering (on farm/ranch/range/pasture)					
7. Well Data (proposed) Maximum pumping rate: <u>15</u> gpm Annual amount to be withdrawn: <u>1</u> acre-feet Total depth: <u>400</u> feet Aquifer: <u>Denver</u>					
8. Water Supplier Is this parcel within boundaries of a water service area? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, provide name of supplier:					
9. Type Of Sewage System <input checked="" type="checkbox"/> Septic tank / absorption leach field <input type="checkbox"/> Central system: District name: <input type="checkbox"/> Vault: Location sewage to be hauled to: <input type="checkbox"/> Other (attach copy of engineering design and report)					
10. Proposed Well Driller License # (optional): <u>1148</u>					
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. 244-104 (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 _____ <u>Robert A. Tirrel</u> <u>Sheri B. Lucas</u> Print name & title <u>Robert A. Tirrel</u> <u>Cowner</u> <u>Sheri B. Lucas</u> <u>Cowner</u> Office Use Only USGS map name _____ DWR map no. _____ Surface elev. <u>6820'</u> Receipt area only AQUAMAP <input checked="" type="checkbox"/> WE <input checked="" type="checkbox"/> WR <input checked="" type="checkbox"/> CWCB <input checked="" type="checkbox"/> TOPO <input checked="" type="checkbox"/> MYLAR <input checked="" type="checkbox"/> SBS <input checked="" type="checkbox"/> DIV <u>8</u> WD <u>10</u> BA <u>4</u> MD <u>12</u>					

FORM NO. GWS-32 08/2008		PUMP INSTALLATION AND TEST REPORT STATE OF COLORADO, OFFICE OF THE STATE ENGINEER 1313 Sherman St., Room 818, Denver, CO 80203 Info (303) 866-3587 Main (303) 866-3581 Fax (303) 866-3589 http://www.water.state.co.us		For Office Use Only	
1. WELL PERMIT NUMBER: <u>284649</u>				<div>RECEIVED</div> <div>MAR 14 2011</div> <div>WATER RESOURCES STATE ENGINEER COLO.</div>	
2. WELL OWNER INFORMATION					
NAME OF OWNER <u>Robert Turrel & Sherri Blucas</u>					
MAILING ADDRESS <u>489 CR 137</u>					
CITY <u>Rush</u>		STATE <u>CO</u>	ZIP CODE <u>80833</u>		
TELEPHONE # <u>(719) 478-2367</u>					
3. WELL LOCATION AS DRILLED: <u>SE 1/4, SW 1/4</u> Sec. <u>23</u> Twp. <u>12</u> <input type="checkbox"/> N or <input checked="" type="checkbox"/> S, Range <u>64</u> <input type="checkbox"/> E or <input checked="" type="checkbox"/> W					
DISTANCES FROM SEC. LINES: <u>136</u> ft. from <input type="checkbox"/> N or <input checked="" type="checkbox"/> S section line and <u>1462</u> ft. from <input type="checkbox"/> E or <input checked="" type="checkbox"/> W section line.					
SUBDIVISION: _____ LOT _____ BLOCK _____ FILING (UNIT) _____					
Optional GPS Location: GPS Unit must use the following settings: Format must be <u>UTM</u> , Units _____ Easting: <u>540793</u> must be <u>meters</u> , Datum must be <u>NAD83</u> , Unit must be set to <u>true N</u> , <input type="checkbox"/> Zone 12 or <input checked="" type="checkbox"/> Zone 13 Northing: <u>4315114</u>					
STREET ADDRESS AT WELL LOCATION: <u>16078 Spencer Rd.</u>					
4. PUMP DATA: Type: <u>Submersible</u> Date Installed: <u>3-7-11</u>					
Pump Manufacturer: <u>Goulds</u> Pump Model No. <u>7LS15412</u>					
Design GPM: <u>7</u> at RPM <u>3450</u> HP <u>1 1/2</u> Volts <u>230</u> Full Load Amps <u>11.5</u>					
Pump Intake Depth: <u>460</u> Feet, Drop/Column Pipe Size <u>1"</u> Inches, Kind of Drop Pipe <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 type="checkbox"/> No, Orifice Depth ft. _____ Monitor Tube Installed <input type="checkbox"/> Yes <input type="checkbox"/> No, Depth ft. _____					
Flow Meter Mfg. _____ Meter Serial No. _____					
Meter Readout: <input type="checkbox"/> Gallons, <input type="checkbox"/> Thousand Gallons, <input type="checkbox"/> Acre feet Beginning Reading _____					
6. TEST DATA: <input type="checkbox"/> check box if Test Data is submitted on Supplemental Form.					
Date: <u>1-14-11</u>					
Total Well Depth: <u>620</u> ft. Time: _____					
Static Level: <u>210</u> ft. Rate (gpm): <u>8</u>					
Date Measured: <u>1-14-11</u> Pumping Level (ft): <u>460</u>					
7. DISINFECTION: Type <u>HTH</u> Amt. Used <u>602</u>					
8. Water Quality analysis available: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please submit with this report.					
9. Remarks: _____					
10. I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed and certified in accordance with Rule 17.4 of the Water Well Construction Rules, 2 CCR 402-2. [The filing of a document that contains false statements is a violation of section 37-91-108(1)(e), C.R.S., and is punishable by fines up to \$5000 and/or revocation of the contracting license.]					
Company Name: <u>Kunau Drilling LLC</u>		Phone: <u>(719) 883-3720</u>		License Number: <u>1148</u>	
Mailing Address: <u>23945 Lucky Lane Cañon, CO 80808</u>					
Signature: <u>Tim Kunau</u>		Print Name and Title: <u>Tim Kunau/Manager</u>		Date: <u>3-9-11</u>	