

Form No.
GWS-11
08/2016

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

For Office Use Only

RECEIVED

JUL 20 2018

WATER RESOURCES
STATE ENGINEER COLO.

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): G3 INVESTMENTS, INC., A COLORADO CORPORATION

Mailing Address: 1710 JET STREAM DR # 200

City, St, Zip: Colorado Springs, CO 80921

Phone: _____ Email: hess@vhco.com

Well Permit Number: 174104 Receipt Number: 0359531 Case Number(optional): _____

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

3980 WALKER ROAD, COLORADO SPRINGS, CO 80908

Street Address at Well Location

Div. 1

Form No GWS-11 06/2016	COLORADO DIVISION OF WATER RESOURCES DEPARTMENT OF NATURAL RESOURCES 1313 Sherman St., Ste 821, Denver, CO 80202 Main: 303.866.3581 dwpemissions@state.co.us	For Office Use Only RECEIVED JUL 30 2018 WATER RESOURCES STATE ENGINEER COLO.
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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): G3 INVESTMENTS, INC., A COLORADO CORPORATION
 Mailing Address: 1719 JET STREAM DR # 200
 City, St, Zip: Colorado Springs, CO 80921
 Phone: _____ Email: hess@vhco.com

Well Permit Number: 174104 Receipt Number: 0359531 Case Number(optional): _____

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

3880 WALKER ROAD, COLORADO SPRINGS, CO 80908

Street Address at Well Location

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

NE 1/4 of the SW 1/4, Sec 11, Township 11, N or S, Range 66, E or W, SIXTH P.M.

Distance from Section Lines: 2100 Ft. From N or S Line, 2620 Ft. From E or W Line.

Subdivision Name (if applicable): _____ Lot _____ Block _____ Plat/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. 37-80-143

Signature(s) of the new owner	Please print the Signer's Name & title	Date
	<u>George L. Hess</u>	<u>July 18, 2018</u>

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.dnr.state.co.us/WellPermitSearch>

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

For Staff Use Only

Area 4077

Schedule # 601 000019

Staff Signature: Justin Angerich Date: 11/7/2018



COLORADO

Division of Water Resources

Department of Natural Resources

WELL PERMIT NUMBER 174104-

RECEIPT NUMBER 0359531

ORIGINAL PERMIT APPLICANT(S)

MIKULECKY SCOTT & SUSAN

APPROVED WELL LOCATION

Water Division: 1 Water District: 8

Designated Basin: N/A

Management District: N/A

County: EL PASO

Parcel Name: N/A

Physical Address: 3980 WALKER RD COLORADO SPRINGS,
CO 80908

NE 1/4 SW 1/4 Section 11 Township 11.0 S Range 66.0 W Sixth P.M.

UTM COORDINATES (Meters, Zone:13, NAD83)

Easting: 521777.7 Northing: 4328518.5

See the original well permit file for permit conditions of approval and additional details. The original permit file can be viewed using the **Well Permit Search Tool** at www.water.state.co.us

Issued By _____

Date Issued: 11/11/1993

Expiration Date: 11/11/1995

PERMIT HISTORY

07-20-2018 CHANGE IN OWNER NAME/MAILING ADDRESS. CHANGED TO G3 INVESTMENTS INC

EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT
INDIVIDUAL SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Permit # 7801
Date 6/29/94

Handwritten initials and signature

APPROVED: YES NO 6111000019 ENVIRONMENTALIST KRUEGER

Address 3980 WALKER RD Owner HUGHES

Legal Description ATTACHED
Residence , # of bedrooms 4; Commercial ; System Installer J+K

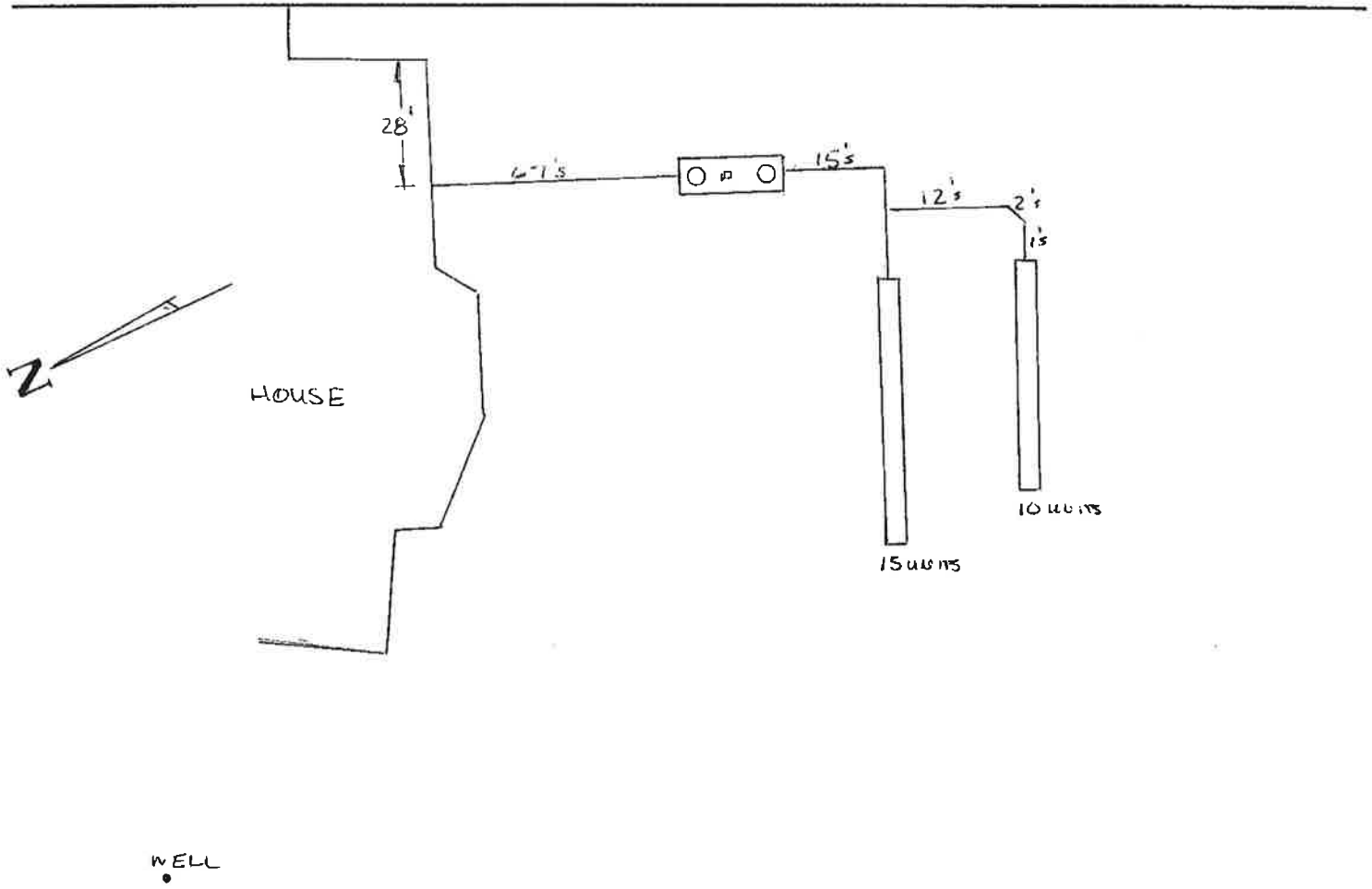
SEPTIC TANK:
Commercial ; Noncommercial , L , W , WD
Construction Material CONCRETE, capacity 1500 gallons.

DISPOSAL FIELD:
Rock Systems:
Trench: depth , width , total length , sq. feet
Bed: depth , length , width , sq. feet
Rock type , depth , under PVC , over PVC
Seepage Pits: # of pits , total # of rings , working depth(s)
size of pit(s) L X W , lining material , total sq. feet

Rockless Systems:
Chamber: Type INFILTRATOR, number of chambers 25, bed , trench
sq. ft./section 18, reduction allowed 50%, sq. ft. required 882
total sq. ft. installed 900, depth of installation 24"-36"

Engineer Design Y or (N), Designing Engineer
Approval letter provided? Y or N
Well 50 feet from tank (Y) or N 100 feet from leach field (Y) or N
Well installed at time of septic system inspection (Y) or N Public Water
*Approval will be revoked if in the future the well is found to be within 50 feet of the septic tank and/or 100 feet of the disposal field.

NOTES:



7801

Acres 45.54 **EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT**
301 South Union Blvd. • Colorado Springs, Colorado • 578-3125

Permit

Water Supply W.F.I. **PERMIT**
Receipt No. 8043

TO CONSTRUCT, ALTER, REPAIR OR MODIFY ANY INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Issued to ROBERT HUGHES Date 2-16-94

Address of Property 3980 WALKER ROAD, NE4, SW4, SEC. 11-T11S-R66W Phone 282-9586

(Permit valid at this address only)

Sewage-Disposal System work to be performed by J & K EXCAV. (JOHN WESTFALL) Phone 481-2417
This Permit is issued in accordance with 25-10-106 Colorado Revised Statutes 1973, as amended. PERMIT EXPIRES upon completion of installation of sewage-disposal system or at the end of twelve (12) months from date of issue—whichever occurs first—(unless work is in progress). This permit is revokable if all stated requirements are not met.

- THIS PERMIT DOES NOT DENOTE APPROVAL OF ZONING AND ACREAGE REQUIREMENTS -

\$150.00
PERMIT FEE (NOT REFUNDABLE)

DATE OF EXPIRATION 2-16-95

NOTE: LEAVE ENTIRE SEWAGE-DISPOSAL SYSTEM UNCOVERED FOR FINAL INSPECTION. 48 HOUR ADVANCE NOTICE REQUIRED.

SEPTIC TANK: 1500 gallons	TRENCH SYSTEM: total square feet <u>4.882</u> ft. of trench _____ inches wide ft. of trench _____ inches wide	BED SYSTEM: total square feet _____	SEEPAGE PIT SYSTEM: total square feet _____
			_____ rings or _____ diam. x _____ w/d

[Signature]
DIRECTOR, DEPARTMENT OF HEALTH AND ENVIRONMENT
ENVIRONMENTALIST

NOTES: MEET DISTANCE REQUIREMENTS. KEEP WHERE PERC TAKEN AT PERC. DEPTH.
*RECOMMEND ADDITIONAL 60 PER CENT FOR WASHER AND DISPOSAL.

The Health Office shall assume no responsibility in case of failure or inadequacy of a sewage-disposal system, beyond consulting in good faith with the property owner or representative. Free access to the property shall be authorized at reasonable time for the purpose of making such inspections as are necessary to determine compliance with requirements of this law.

APPLICATION FOR A PERMIT TO CONSTRUCT, REMODEL, OR INSTALL A SEWAGE DISPOSAL SYSTEM

NAME OF OWNER Robert Hughes HOME PHONE 282-9586 WORK PHONE _____

ADDRESS OF PROPERTY 3980 Walker Road Col/spgs 80908 DATE Feb 2, 1994

LEGAL DESCRIPTION OF PROPERTY The NE 1/4 of the SW 1/4 and the south 165.00 feet of the SE 1/4 of the NW 1/4 of Section 11, township 11 south, range 66 west of the 6th P.M.

TAX SCHEDULE NUMBER 6110-00-002 SYSTEM CONTRACTOR Septic J&K Excavating El Paso County, Colorado PHONE (719) 481-2417

OWNER'S ADDRESS IF DIFFERENT mailing

TYPE OF HOUSE CONSTRUCTION Wood frame SOURCE AND TYPE OF WATER SUPPLY Well

SIZE OF LOT 45.54 acres MAXIMUM POTENTIAL NUMBER OF BEDROOMS 4 EASEMENT (yes or no) Walkout

PERCOLATION TEST RESULTS ATTACHED (yes or no)

A plot plan and accompanying information are essential; it may be drawn on the back of this application or be attached. Please include by measured distance the location of wells including neighbors' wells, springs, water supply lines, cisterns, buildings, proposed structures, property lines, property dimensions, subsoil drains, lakes, ponds, water courses, streams, and dry gulches. Please show the location of the proposed septic system by directions and distances from actual and/or proposed dwellings, structures, or fixed reference objects. Give complete directions to the property from major highways. (ANSWER QUESTIONS ON BACK OF FORM).

Applicant acknowledges that the completeness of the application is conditional upon such further mandatory and additional tests and reports as may be required by the department to be made and furnished by the applicant for purposes of evaluation of the application; and issuance of the permit is subject to such terms and conditions as deemed necessary to ensure compliance with rules and regulations adopted under Article 10, Title 25, C.R.S. 1973 as amended. The undersigned hereby certifies that all statements made, information and reports submitted by the applicant are or will be represented to be true and correct to the best of my knowledge and belief and are designed to be relied on by the El Paso County Health Dept. in evaluating the same for purposes of issuing the permit applied for herein. I further understand that any falsification or misrepresentation may result in the denial of the application or revocation of any permit granted based upon said application and in legal action for perjury as provided by law.

owner [Signature]
SIGNATURE

HEALTH DEPARTMENT USE ONLY

PERMIT NUMBER 7801 RECEIPT NUMBER 8043 DATE TO LAND USE DEPARTMENT attached ok 2-2-94 jrn
DESCRIPTION AREA * 882' TANK CAPACITY 1500 DATE OF SITE INSPECTION 2/3/94

REMARKS: MEET DISTANCE REQUIREMENTS; KEEP WHERE PERC TAKEN @ PERC DEPTH * RECOMMEND ADDITIONAL 60% FOR WASHERS DISPOSAL

APPLICATION IS APPROVED (✓) DENIED () DATE 2/3/94 ENVIRONMENTALIST [Signature]

ANSWER THE FOLLOWING ITEMS AND/OR INCLUDE ON PLOT PLAN.

PROPERTY LINES see plat
PROPERTY DIMENSIONS _____
LOCATION OF PROPOSED SEPTIC SYSTEM _____
LOCATION OF WELL _____
LOCATION OF ADJACENT WELLS _____
BUILDINGS _____
PROPOSED BUILDINGS 1-
WATER SUPPLY LINE well
CISTERNS No
SPRINGS _____
LAKES _____
PONDS _____
WATER COURSES _____
STREAMS _____
DRY GULCHES _____
SUBSOIL DRAINS _____

DIRECTIONS TO PROPERTY FROM MAIN HIGHWAYS:

From I-25 East on 105 at monument
cross 83 continue east on Walker Road approximately
one mile to sign with flashing lights and arrows
indicating a 90° right turn.

Property is located on private road behind the sign.
(see plat)