

FORM NO.
GWS-76
05/2011

WATER SUPPLY INFORMATION SUMMARY
STATE OF COLORADO, OFFICE OF THE STATE ENGINEER
1313 Sherman St., Room 821, Denver, CO 80203
Main (303) 866-3581 water.state.co.us

Section 30-28-133,(d), C.R.S. requires that the applicant submit to the County, "Adequate evidence that a water supply that is sufficient in terms of quantity, quality, and dependability will be available to ensure an adequate supply of water."

1. NAME OF DEVELOPMENT AS PROPOSED:

Ohana Acres

2. LAND USE ACTION:

Minor Subdivision

3. NAME OF EXISTING PARCEL AS RECORDED:

SUBDIVISION: VIL Filing No 1, FILING (UNIT), BLOCK, LOT

4. TOTAL ACREAGE: 19.31 5. NUMBER OF LOTS PROPOSED 4 PLAT MAP ENCLOSED? YES or NO

6. PARCEL HISTORY – Please attach copies of deeds, plats, or other evidence or documentation.

A. Was parcel recorded with county prior to June 1, 1972? YES or NO

B. Has the parcel ever been part of a division of land action since June 1, 1972? YES or NO

If yes, describe the previous action: 40 Acres divided in half Recorded Oct 13, 1995

7. LOCATION OF PARCEL – Include a map delineating the project area and tie to a section corner.

1/4 of the NW 1/4, Section 30, Township 13 N or S, Range 63 E or W

Principal Meridian (choose only one): Sixth New Mexico Ute Costilla

Optional GPS Location: GPS Unit must use the following settings: Format must be **UTM**, Units must be **meters**, Datum must be **NAD83**, Unit must be set to **true N**, Zone 12 or Zone 13

Easting: _____

Northing: _____

8. PLAT – Location of all wells on property must be plotted and permit numbers provided.

Surveyor's Plat: YES or NO If not, scaled hand drawn sketch: YES or NO

9. ESTIMATED WATER REQUIREMENTS

USE	WATER REQUIREMENTS	
	Gallons per Day	Acre-Foot per Year
HOUSEHOLD USE # <u>4</u> of units	_____	<u>1</u>
COMMERCIAL USE # <u>0</u> of S. F	_____	_____
IRRIGATION # <u>1</u> of acres	_____	<u>0.75</u>
STOCK WATERING # <u>3</u> of head	_____	<u>0.14</u>
OTHER: _____	_____	_____
TOTAL	_____	<u>1.89</u>
	<u>per lot</u>	<u>x 4 = 7.56</u>

10. WATER SUPPLY SOURCE

EXISTING WELL DEVELOPED SPRING

WELL PERMIT NUMBERS

53485 A

MUNICIPAL
 ASSOCIATION
 COMPANY
 DISTRICT

NAME _____

LETTER OF COMMITMENT FOR SERVICE YES or NO

NEW WELLS -

PROPOSED AQUIFERS – (CHECK ONE)

ALLUVIAL UPPER ARAPAHOE
 UPPER DAWSON LOWER ARAPAHOE
 LOWER DAWSON LARAMIE FOX HILLS
 DENVER DAKOTA
 OTHER: _____

WATER COURT DECREE CASE

NUMBERS: 3714 BD

11. WAS AN ENGINEER'S WATER SUPPLY REPORT DEVELOPED? YES or NO IF YES, PLEASE FORWARD WITH THIS FORM.
(This may be required before our review is completed.)

12. TYPE OF SEWAGE DISPOSAL SYSTEM

SEPTIC TANK/LEACH FIELD

LAGOON

ENGINEERED SYSTEM (Attach a copy of engineering design.)

CENTRAL SYSTEM

DISTRICT NAME: _____

VAULT

LOCATION SEWAGE HAULED TO: _____

OTHER:

**FINAL PLAT
V I L FILING No. 1A**

A VACATION AND REPLAT OF LOT 1, V I L FILING No. 1
LOCATED IN A PORTION OF THE NORTHWEST QUARTER OF SECTION 30,
TOWNSHIP 13 SOUTH, RANGE 63 WEST OF THE 6TH P.M., EL PASO COUNTY, COLORADO

WITNESSED BY THESE PRESENTS:

_____ and Darlene C. West-Hammon, being the owner of the foregoing
do hereby certify that the above is a true and correct copy of the original plat as filed with me.

Witness my hand and the seal of El Paso County, State of Colorado,
this _____ day of _____, 2019.

CERTIFICATION:

I, _____, being of the county, marriage, beneficiaries of deeds of trust and holders
of interests in real estate, do hereby certify that the above is a true and correct copy of the original plat as filed with me.

Date _____
I hereby certify that the above is a true and correct copy of the original plat as filed with me.
Notary Public

PLANNING AND COMMUNITY DEVELOPMENT CERTIFICATE:

PLANNING AND COMMUNITY DEVELOPMENT CERTIFICATE
FINAL PLAT No. 1A was approved for filing by the El Paso County, Colorado
Commissioners on the _____ day of _____, 2019, subject to any
conditions and any conditions included in the resolution of approval. The
final plat to the public utility and drainage easements and optional
easements, but the public improvements thereon will not be a part of the
final plat of El Paso County until the final approval of the public
improvements with the requirements of the Land Development Code and
the Subdivision Improvement Agreement.

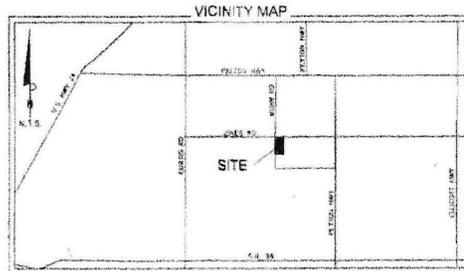
The final plat is required and prepared for the new driveway by this plat
is in full compliance with the requirements of the Land Development Code and
the Subdivision Improvement Agreement. The final plat is in full compliance with the
requirements of the Land Development Code and the Subdivision Improvement Agreement.
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CERTIFICATION:

I, _____, a duly registered Professional Land Surveyor in the State of Colorado, do
hereby certify that the above is a true and correct copy of the original plat as filed with me.
as shown herein that mathematical closure errors are less than 1:10,000.
I have not been prepared in full compliance with all applicable laws of the State
of Colorado regarding the preparation, submission, or recording of a final plat of
El Paso County Land Development Code.

I am neither a contractor nor geotechnical engineer and I am not
responsible for geotechnical or other engineering work.

_____ and
_____ of Compass Surveying and Mapping, LLC
1120
LLC.COM



NOTES:

- The reason for this vacation and replat is to create 3 lots out of 1 existing lot.
- * - Denotes town 85 rebar and plastic top markers PLS 18465
o - Denotes set 85 rebar and plastic top markers PLS 33430
(17825) - Denotes street address
- This survey does not constitute a title search by Compass Surveying & Mapping, LLC to determine ownership or easements of record. No title commitment was provided.
- Bound bearings in the east line of the property, monumented as shown and obtained to least South 1 degree 18 minutes 33 seconds West, 1279.72 feet.
- The property is located within Zone A (1% annual chance flood (100-year flood), no base flood elevation determined) and Zone 3 (area determined to be outside the 0.2% annual chance floodplain) as established by FEMA for FEMA map FIRM panel 06041C0530C, effective date December 7, 2018. The approximate flood zone boundary is shown herein by map measure only. The highest adjacent grade to the foundation is 6472.6. It is determined that the BFC (El Paso Division) is 6472.6.
- Notice: According to Colorado law you must commence any legal action based upon any defect in this survey within three years after you first discover such defect. In no event may any action based upon any defect in this survey be commenced more than ten years from the date of the certification shown herein.
- The linear units used in this drawing are U.S. Survey feet.
- The approval of this plat vacates a prior plat for the area described by this replat.
- No driveway shall be established unless an access permit has been granted by El Paso County.
- All structural foundations shall be located and designed by a Professional Engineer, currently registered in the State of Colorado.
- The following reports have been submitted and one or more of the County Planning Department, Soil and Geological Study, Water Availability Study, Drainage Report, Wetland Hazard Report, Natural Features Report, Trophic Control Report.
- Public drainage easements as specifically noted on this plat shall be maintained by the individual lot owners unless otherwise indicated. Structures, fences, retaining or landscaping that would impede the flow of runoff shall not be placed in discharge easements.
- No lot, or interest therein, shall be sold, conveyed or transferred, whether by deed or by contract, nor shall building permits be issued, until and unless the required public improvements have been constructed and completed in accordance with the subdivision improvement agreement between the applicant and El Paso County as recorded at Reception No. _____ or in the alternative, other conditions provided which is sufficient in the judgment of the Board of County Commissioners, to make provision for the completion of said improvements.
- The addresses (17825) exhibited on this plat are for informational purposes only; it is not the legal description and is subject to change.

NOTES (continued):

- There shall be no direct lot access to Jones Road.
- Unless otherwise indicated, all side lot lines are hereby plotted on each side with a 10 foot public utility and drainage easement. All exterior subdivision boundaries are hereby plotted with a 20 foot public utility and drainage easement. The sole responsibility of maintenance is hereby vested in the individual property owners.
- Developer shall comply with federal and state laws, regulations, ordinances, review and permit requirements, and other agency requirements, if any, of applicable agencies including but not limited to, the Colorado Division of Wildlife, Colorado Department of Transportation, US Army Corps of Engineers and the US Fish and Wildlife Service regarding the Endangered Species Act, particularly as it relates to the listed species (i.e., Pronghorn bison jumping mouse).
- Utilities shall be installed in accordance with all El Paso County and United States Federal Service regulations.
- The subdivisions owner or behalf of him/herself and any developer or latter successors and assigns shall be required to pay traffic impact fees in accordance with the countywide transportation improvement fee (Resolution No. 18-024) as amended or prior to the time of building permit submission. The fee schedule, if not part of the plat, shall be available to the applicant on all sale documents and on all notes to ensure that a title search would find the fee obligation before sale of the property.
- Individual lot owners are responsible for conducting drawings including necessary drainage easements from Otis Home per Land Development Code Section 6.3.3.2 and 6.3.3.3 due to their length some of the drawings will need to be partially approved by the Donald Prescott Fire Protection District.
- All easements that are dedicated herein for public utility purposes shall be subject to these terms and conditions as specified in the instrument recorded at Reception Number 217-2348 of the records of El Paso County, Colorado. All other easements or interests of record affecting any of the abated property abated herein shall not be affected and shall remain in full force and effect.
- The Road Impact Fee will be paid by a 10-year PD. The fee is based on the established fee at the time of building permit.

FEES:

Drainage Fee: _____ School Fee: _____
Bridge Fee: _____ Park Fee: _____

RECORDING:

STATE OF COLORADO }
COUNTY OF EL PASO } 63
I hereby certify that this instrument was filed for record in my office at _____ clock
_____ M., this _____ day of _____, 2019, A.D., and is duly recorded
under Reception No. _____ of the records of El Paso County,
Colorado.
CHUCK BRIERMAN, RECORDER
BY: _____
Deputy
SIGNATURE: _____
FEE: _____

PCD FILE NO.:

REVISIONS	PROJECT NO. 18180
	JANUARY 25, 2019
	SHEET 1 OF 2

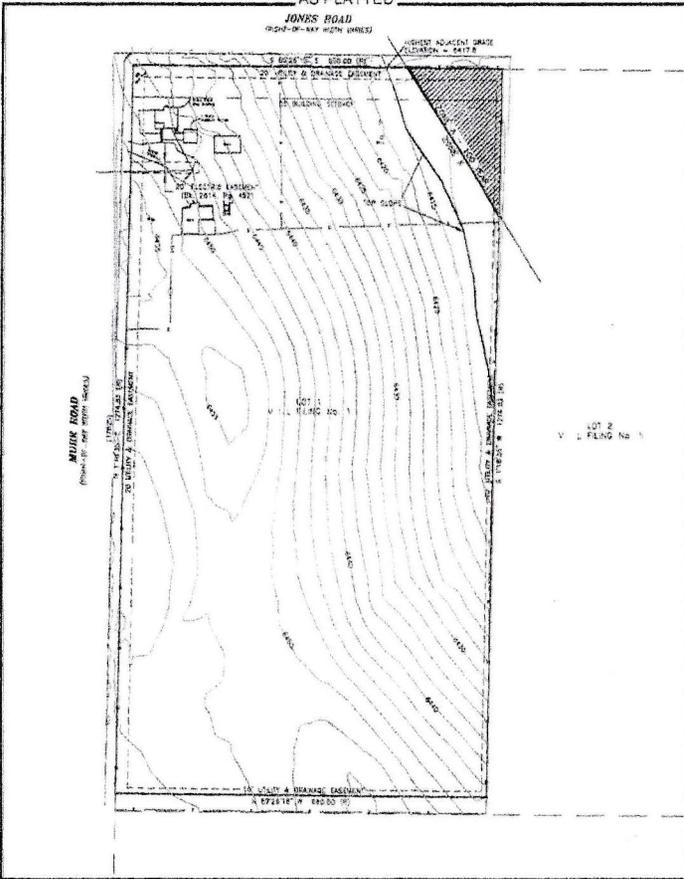
FINAL PLAT
V I L FILING No. 1A

A VACATION AND REPLAT OF LOT 1, V I L FILING No. 1
 LOCATED IN A PORTION OF THE NORTHWEST QUARTER OF SECTION 30,
 TOWNSHIP 13 SOUTH, RANGE 63 WEST OF THE 6TH P.M., EL PASO COUNTY, COLORADO.

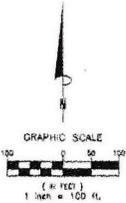
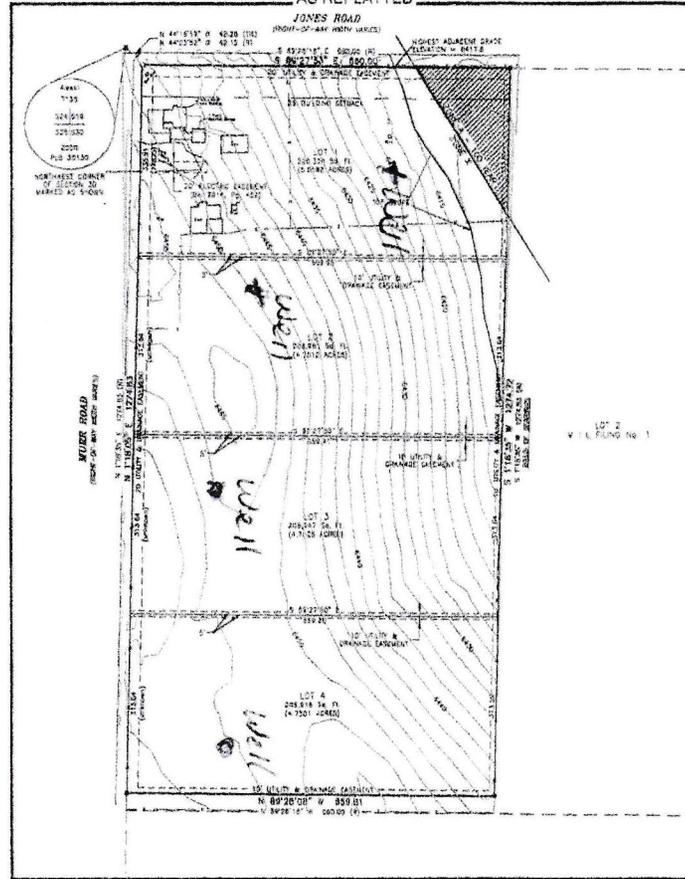
Future Wells

LOT 1 - E 543695 N 4305337
 LOT 2 - E 543574 N 4305252
 LOT 3 - E 543582 N 4305173
 LOT 4 - E 543630 N 4305048

AS PLATTED



AS REPLATTED



REVISIONS	

RESIDENTIAL Note: Also use this form to apply for **livestock watering**
Water Well Permit Application
 Review form instructions prior to completing form.
 Hand completed forms must be completed in black or blue ink or typed.

1. Applicant Information

Name(s)
GARY & DARLENE HAMMANA
 Mailing address
17825 Jones Road
 City Payton State CO Zip code 80831
 Telephone (w/area code) _____ E-mail gary.hsqwatered@gmail.com

2. Type Of Application (check applicable boxes)

Construct new well Change source (aquifer)
 Replace existing well Reapplication (expired permit)
 Use existing well Rooftop precip. collection
 Change or increase use Other: _____

3. Refer To (if applicable)

Well permit # 53486 Water Court case # _____
 Designated Basin Determination # 3714-B0 Well name or # original replacement

4. Location Of Proposed Well (Important! See Instructions)

County El Paso NW 1/4 of the NW 1/4
 Section 30 Township 13 N or S R Range 63 E or W R Principal Meridian Sixth
 Distance of well from section lines (section lines are typically not property lines)
 Ft. from N S _____ Ft. 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: 543655
 Northing: 4305357
 Remember to set Datum to NAD83

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:

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

B. # of acres in parcel 5.05 C. Are you the owner of this parcel?
 YES NO

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: 2
 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 1.89 acre-feet
 Total depth 600 feet Aquifer Arapahoe

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 (explain) _____

10. Proposed Well Driller License #(optional): 1148

11. Sign or Enter 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 _____ Date (mm/dd/yyyy) 10/25/2021
 if signing print name and title

Office Use Only

USGS map name _____ DWR map no. _____ Surface elev. _____

Receipt area only

AQUAMAP
 WE
 WR
 CWCB
 TOPO
 MYLAR
 SB5

DIV _____ WD _____ SA _____ MD _____

RESIDENTIAL Note: Also use this form to apply for livestock watering
Water Well Permit Application
 Review form instructions prior to completing form.
 Hand completed forms must be completed in black or blue ink or typed.

1. Applicant Information

Name(s) Gary & Darlene Hammann
 Mailing address 17825 Jones Road
 City Peaton State CO Zip code 80831
 Telephone (w/area code) _____ E-mail gary.hsqared@gmail.com

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: 2
 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)

2. Type Of Application (check applicable boxes)

Construct new well Change source (aquifer)
 Replace existing well Reapplication (expired permit)
 Use existing well Rooftop precip. collection
 Change or increase use Other: _____

7. Well Data (proposed)

Maximum pumping rate 15 gpm Annual amount to be withdrawn 1.89 acre-feet
 Total depth 1600 feet Aquifer Arapahoe

3. Refer To (if applicable)

Well permit # _____ Water Court case # _____
 Designated Basin Determination # 3714-BD Well name or # _____

8. Water Supplier

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

4. Location Of Proposed Well (Important! See Instructions)

County El Paso NW 1/4 of the NW 1/4
 Section 30 Township 13 N or S R Range 63 E or W R Principal Meridian Sixth
 Distance of well from section lines (section lines are typically not property lines)
 Ft. from N S Ft. 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.

9. Type Of Sewage System

Septic tank / absorption leach field
 Central system: District name: _____
 Vault: Location sewage to be hauled to: _____
 Other (explain) _____

10. Proposed Well Driller License #(optional): 1148

11. Sign or Enter 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 _____ Date (mm/dd/yyyy) 10-25-2021
 If signing print name and title _____

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

Format must be UTM
 Zone 12 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: 543579
 Northing: 4305252
 Remember to set Datum to NAD83

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:
 Subdivision: Name Vil
 Lot 2 Block _____ Filing/Unit 1A
 County exemption (attach copy of county approval & survey)
 Name/# _____ Lot # _____
 Parcel less than 35 acres, not in a subdivision attach a deed with metes & bounds description recorded prior to June 1, 1972, and current deed
 Mining claim (attach copy of deed or survey) Name/#: _____
 Square 40 acre parcel as described in Item 4
 Parcel of 35 or more acres (attach metes & bounds description or survey)
 Other: (attach metes & bounds description or survey)
 B. # of acres in parcel 4.75 C. Are you the owner of this parcel?
 YES NO
 D. Will this be the only well on this parcel? YES NO (if no – list other wells)
 E. State Parcel ID# (optional): _____

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 _____

RESIDENTIAL Note: Also use this form to apply for livestock watering
Water Well Permit Application
 Review form instructions prior to completing form.
 Hand completed forms must be completed in black or blue ink or typed.

1. Applicant Information

Name(s)
GARY & Darlene HAMMARO
 Mailing address
17825 Jones Road
 City Peaton State CO Zip code 80831
 Telephone (w/area code) _____ E-mail gary.hsq@comcast.net

2. Type Of Application (check applicable boxes)

Construct new well
 Replace existing well
 Use existing well
 Change or increase use
 Change source (aquifer)
 Reapplication (expired permit)
 Rooftop precip. collection
 Other: _____

3. Refer To (if applicable)

Well permit # _____ Water Court case # _____
 Designated Basin Determination # 3714-80 Well name or # _____

4. Location Of Proposed Well (Important! See Instructions)

County E1 P80 NW 1/4 of the NW 1/4
 Section 30 Township 13 N or S Range 63 E or W Principal Meridian Sixth
 Distance of well from section lines (section lines are typically not property lines)
 Ft. from N S _____ Ft. 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: 543582
 Northing: 4305173
 Remember to set Datum to NAD83

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:
 Subdivision: Name Vil
 Lot 3 Block _____ Filing/Unit 1A
 County exemption (attach copy of county approval & survey)
 Name/# _____ Lot # _____
 Parcel less than 35 acres, not in a subdivision attach a deed with metes & bounds description recorded prior to June 1, 1972, and current deed
 Mining claim (attach copy of deed or survey) Name/#: _____
 Square 40 acre parcel as described in Item 4
 Parcel of 35 or more acres (attach metes & bounds description or survey)
 Other: (attach metes & bounds description or survey)
 B. # of acres in parcel 4.75 C. Are you the owner of this parcel?
 YES NO
 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: 2
 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 _____ gpm Annual amount to be withdrawn _____ acre-feet
 Total depth 100 feet Aquifer Arapahoe

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 (explain) _____

10. Proposed Well Driller License #(optional): 1148

11. Sign or Enter 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 _____ Date (mm/dd/yyyy) 10-25-2021
 If signing print name and title _____

Office Use Only

USGS map name _____ DWR map no. _____ Surface elev. _____

Receipt area only

AQUAMAP
 WE
 WR
 CWCB
 TOPO
 MYLAR
 \$\$\$

DIV _____ WD _____ BA _____ MD _____

RESIDENTIAL Note: Also use this form to apply for livestock watering
Water Well Permit Application
 Review form instructions prior to completing form.
 Hand completed forms must be completed in black or blue ink or typed.

1. Applicant Information

Name(s) Gary & Darlene Hammack
 Mailing address 17825 Jones Road
 City Pepton State CO Zip code 80831
 Telephone (w/area code) _____ E-mail gary.hsqared@gmail.com

2. Type Of Application (check applicable boxes)

Construct new well Change source (aquifer)
 Replace existing well Reapplication (expired permit)
 Use existing well Rooftop precip. collection
 Change or increase use Other: _____

3. Refer To (if applicable)

Well permit # _____ Water Court case # _____
 Designated Basin Determination # 3714-BD Well name or # _____

4. Location Of Proposed Well (Important! See Instructions)

County El Paso NW 1/4 of the NW 1/4
 Section 30 Township 13 N or S X Range 63 E or W Principal Meridian Sixth
 Distance of well from section lines (section lines are typically not property lines)
 Ft. from N S Ft. from E W
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 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:
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 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: 543630
 Northing: 4305048
 Remember to set Datum to NAD83

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:
 Subdivision: Name Vil
 Lot 4 Block _____ Filing/Unit 1A
 County exemption (attach copy of county approval & survey)
 Name/# _____ Lot # _____
 Parcel less than 35 acres, not in a subdivision attach a deed with metes & bounds description recorded prior to June 1, 1972, and current deed
 Mining claim (attach copy of deed or survey) Name/#: _____
 Square 40 acre parcel as described in Item 4
 Parcel of 35 or more acres (attach metes & bounds description or survey)
 Other: (attach metes & bounds description or survey)
 B. # of acres in parcel 4.75 C. Are you the owner of this parcel?
 YES NO
 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)
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 Number of dwellings: 2
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 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 <u>15</u> gpm	Annual amount to be withdrawn <u>1.89</u> acre-feet
Total depth <u>1600</u> feet	Aquifer <u>Arceuthoe</u>

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 (explain) _____

10. Proposed Well Driller License #(optional): 1148

11. Sign or Enter Name of Applicant(s) or Authorized Agent

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 Sign or enter name(s) of person(s) submitting application _____ Date (mm/dd/yyyy) 10-25-2021
 If signing print name and title Gary P. Hammack

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 _____