

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 Hammann
Darlene Noel Hammann
Mailing address 17825 Jones Rd
City Payton State CO Zip code 80831
Telephone (w/area code) 719-650-5952 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 # 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 Artesian

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)

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

SSS

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 Hammann
Darlene Noel-Hammann

Mailing address
17825 Jones Rd

City Peyton State CO Zip code 80831

Telephone (w/area code) 719-650-5952 E-mail gary.hsquared@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 N Range 63 E or W W Principal Meridian Sixth

Distance of well from section lines (section lines are typically not property lines)
Ft. from ☐ N ☐ S ☐ 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 ☒ 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

Form GWS-44 (01/2020)

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)

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 _____ 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 Hammann
Daniene Noel-Hammann
Mailing address 17825 Jones Rd
City Payton State CO Zip code 80831
Telephone (w/area code) 719-650-5952 E-mail gary.hsqquared@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 # 3714-80 Well name or # _____

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

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

Office Use Only

Form GWS-44 (01/2020)

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 600 feet Aquifer Artesian

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) _____

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

SSS

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 Hammann
Dorlene Noel Hammann
Mailing address 17825 Jones Rd.
City Payton State CO Zip code 80831
Telephone (w/area code) 719-650-5952 E-mail gary.hsquared@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 X Principal Meridian Sixth
Distance of well from section lines (section lines are typically not property lines)
Ft. from ☐ N ☐ S ☐ 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 ☒ 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)
☒ 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 1600 feet Aquifer Artesian

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) _____

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 _____ BA _____ MD _____