

Form No. GWS-31 10/2016	WELL CONSTRUCTION AND YIELD ESTIMATE REPORT State of Colorado, Office of the State Engineer 1313 Sherman St., Room 821, Denver, CO-80203 303.866.3581 www.water.state.co.us and dwrpermitsonline@state.co.us	For Office Use Only <div style="font-size: 1.5em; font-weight: bold; color: blue;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; color: blue;">MAR 16 2018</div> <div style="font-size: 0.8em; font-weight: bold; color: blue;">WATER RESOURCES STATE ENGINEER COLO</div>			
1. Well Permit Number: 81319-F Receipt Number: 3681474					
2. Owner's Well Designation:					
3. Well Owner Name: WHB INC(BOMGAARS, BILL)					
4. Well Location Street Address:					
5. GPS Well Location: <input type="checkbox"/> Zone 12 <input checked="" type="checkbox"/> Zone 13 Easting: 506626.8 Northing: 4297831.95 County: EL PASO					
6. Legal Well Location: NE 1/4, SE 1/4, Sec., 18 Twp. 14 <input type="checkbox"/> N or S <input checked="" type="checkbox"/> Range 67 <input type="checkbox"/> E or W <input checked="" type="checkbox"/> SIXTH P.M. Distances from Section Lines: _____ ft. from <input type="checkbox"/> N or S <input type="checkbox"/> section line, and _____ ft. from <input type="checkbox"/> E or W <input type="checkbox"/> section line Subdivision: CRYSTAL PARK _____, Lot 237, Block _____, Filing (Unit) _____					
7. Ground Surface Elevation: _____ feet Date Completed: 3-9-2018 Drilling Method: AIR PERCUSSION					
8. Completed Aquifer Name: GRANITE Total Depth: 500 feet Depth Completed: 500 feet					
9. Advance Notification: Was Notification Required Prior to Construction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Date Notification Given: _____					
10. Aquifer Type: <input type="checkbox"/> Type I (One Confining Layer) <input type="checkbox"/> Type I (Multiple Confining Layers) <input type="checkbox"/> Laramie-Fox Hills (Check one) <input checked="" type="checkbox"/> Type II (Not overlain by Type III) <input checked="" type="checkbox"/> Type II (Overlain by Type III) <input type="checkbox"/> Type III (alluvial/colluvial)					
11. Geologic Log:		12. Hole Diameter (in.)			
Depth	Type	Grain Size			
Color	Water Loc.	From (ft)			
To (ft)					
0-4	GRANITE	RED	9	0	40
4-15	GRANITE	PINK	6 1/8	40	500
15-80	GRANITE	GREY			
80-150	GRANITE	PINK			
150-260	GRANITE	GREY			
260-325	GRANITE	TAN			
325-405	GRANITE	GREY			
405-460	GRANITE	RED			
460-485	GRANITE	TAN	485		
485-500	GRANITE	GREY			
		13. Plain Casing			
		OD (in)	Kind	Wall Size (in)	From (ft)
		To (ft)			
		6 5/8	STEEL	.188	+1
		4 1/2	PVC	SCH 40	10
		4 1/2	PVC	SCH 40	480
		Perforated Casing Screen Slot Size (in): .032			
		OD (in)	Kind	Wall Size (in)	From (ft)
		To (ft)			
		4 1/2	PVC	SCH 40	440
		480			
		14. Filter Pack:			
		Material	SAND		
		Size	8X12		
		Interval	420-500		
		15. Packer Placement:			
		Type	N/A		
		Depth			
		16. Grouting Record			
		Material	Amount	Density	Interval
		Method			
		PORTLAND	711 LBS.	15 #PG	6-40
		POUR/VIBRATE			
Remarks:					
17. Disinfection: Type GRANULAR CHLORINE Amt. Used 10 OZ.					
18. Well Yield Estimate Data: <input type="checkbox"/> Check box if Test Data is submitted on Form Number GWS-39, Well Yield Test Report					
Well Yield Estimate Method: AIR LIFT					
Static Level: 175 FEET			Estimated Production Rate 3 gpm.		
Date/Time measured: 3-10-2018			Estimate Length (hrs) 2		
Remarks:					
19. I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed (or name entered if filing online) 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 \$1,000 and/or revocation of the contracting license. If filing online the State Engineer considers the entry of the licensed contractor's name to be compliance with Rule 17.4.					
Company Name:		Email:		Phone w/area code:	License Number:
BLACK MOUNTAIN DRILLING		BLACKMOUNTAINDRILLING@LIVE.COM		719-687-5708	1515
Mailing Address: PO_BOX 644 DIVIDE, CO 80814					
Sign (or enter name if filing online)			Print Name and Title		Date:
ADAM J. SCHNOES			ADAM J SCHNOES, CONTRACTOR		3-12-2018

Office Use Only
RECEIVED
 AUG 30 2017
 WATER RESOURCES
 STATE ENGINEER COLO.

Form GWS-44 (7/2012)

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)
 WHB, Inc. / Bill & Annie Bomgaars

Mailing address
 PO Box 6356

City State Zip code
 Colorado Springs CO 80934

Telephone (w/area code) E-mail
 719-332-9231 billbomgaars@ymail.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 # Well name or #

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

County El Paso 1/4 of the 1/4

Section 17 Township 14 N or S N S Range 67 E or W E W Principal Meridian

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.
 request rule 6.2.3

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 NO

Easting: _____
 Northing: _____
 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 Crystal Park
 Lot site 237 Block _____ Filing/Unit _____
 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 .7 acres 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: _____
 Home garden/lawn irrigation, not to exceed one acre:
 area irrigated _____ 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 _____ acre-feet
 Total depth unknown feet Aquifer Fractured Granite

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): 1261

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)
 WHB Inc. Bill Bomgaars 8/29/2017
 If signing print name and title
 Bill Bomgaars President / Owner

Office Use Only

USGS map name DWR map no Surface elev.

Critical
 No oil and gas 600ft of section
 HHO
 6.23

Receipt area only
 double fee ✓
 W 4565
 flow meter
 13AF construction

Transaction # 3681474
 Date 8/30/2017 2:18:54 PM
 Transaction Total \$100.00
 CREDIT CARD \$100.00

AQUAMAP WE WR CWCB TOPO MYLAR S85
 DIV 2 WD 10 BA _____ MD _____

810 CRYSTAL PARK ROAD
MANITOU SPRINGS, CO 80829



OFFICE: (719) 685-9729

FAX: (719) 685-1883

August 23, 2017

Colorado Department of Water Resources
Ms. Sarah K. Reinsel, E.I.T.
1313 Sherman Street, Room 818
Denver, CO 80203

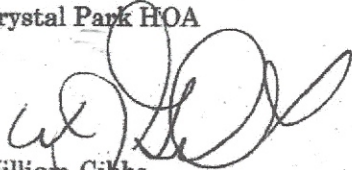
Dear Ms. Reinsel:

The Crystal Park Home Owner's Association (CPHOA) has approved the application to drill a water well on Lot 237, Crystal Park Sub No. 2. Currently, the land is deeded and platted in the HOA's name. Per the CPHOA Planned Unit Development, the land will be deeded and platted to the owner upon the proof of water, soil testing and approved building plans.

If you have any questions or concerns, please contact our office at (719) 685-9729.

Sincerely,

Crystal Park HOA



William Gibbs
Board President
Crystal Park Homeowner's Association