

# Gordon Stegner

**From:** Rachel Dankof <rachdankof@gmail.com>  
**Sent:** Monday, December 5, 2022 4:02 PM  
**To:** Gordon Stegner  
**Subject:** Czeszewski - Well Permit

See attached!

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OCT 01 1999

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

**RESIDENTIAL** \* (Notes: You may also use this form to apply for Recreational waterfalls. **Water Well Permit Application**  
Review instructions prior to completing form. Must be completed in black ink or typed.

**1. APPLICANT INFORMATION**

Name of Applicant: Steven K. Weaver  
 Mailing Address: 1910 Payton Circle  
 City: Colorado Springs, CO 80915  
 Telephone Number (Include area code): (719) 637-7912

**2. TYPE OF APPLICATION** (check applicable boxes)  
 Construct new well  Use existing well  
 Replace existing well  Change / Increase Use  
 Change (source) equifer  Reapplication (through permit)  
 Other: \_\_\_\_\_

**3. REFER TO** (if applicable):  
 Water court case # W-4968 Parcel # \_\_\_\_\_  
 Verbal # -VE- Monitoring hole acknowledgment # MH-  
 Well name or # \_\_\_\_\_

**4. LOCATION OF WELL**

County: El Paso Quarter-quarter: SWx SWx  
 Section: 18 Township N or S: 14 Range E or W: 67 6th  
 Distance of well from section lines:  
 960 ft. from  N  S  E  W  
 400 ft. from  N  S  E  W

**5. TRACT ON WHICH WELL WILL BE LOCATED**  
 A. Four most obvious uses of the following: see instructions  
 B. Subdivision Name: Crystal Park  
 Lot no. 5-43 Block no. \_\_\_\_\_ Filing/Unit: 2  
 County exemption (attach copy of survey approval & survey)  
 Name/tr. \_\_\_\_\_ Tract no. \_\_\_\_\_  
 Mining claim (attach copy of deed or survey)  
 Name/tr. \_\_\_\_\_  
 Other (attach legal description to application)

**6. STATE PARCEL**  
 C. If owner is land  D. Are you the owner of this property?  
C.66  YES  NO (see detailed inst.)  
 E. Will this be the only well on this tract?  
 YES  NO (see detailed inst.)

**6. USE OF WELL** (check appropriate entry or entries)  
 See instructions to determine use(s) for which you may qualify -  
 A. Ordinary household use in one single-family dwelling (see outside well)  
 B. Ordinary household use in 1 to 3 single-family dwellings:  
 Number of dwellings: \_\_\_\_\_  
 Home garden/lawn irrigation, not to exceed 1 acre area irrigated  no. ft. ft. acre  
 Domestic animal watering - (non-commercial)  
 C. Livestock watering (on farm/tract/range/pasture)

**7. WELL DATA**  
 Maximum pumping rate: 15 gpm Actual pressure to be maintained: \_\_\_\_\_ psi  
 Test depth: 200 feet Aquifer: Granite

**8. TYPE OF RESIDENTIAL SEWAGE SYSTEM**  
 Septic tank / absorption leach field  
 Central system District name: \_\_\_\_\_  
 Vault Location sewage to be treated to: \_\_\_\_\_  
 Other (attach copy of engineering design)

**9. PROPOSED WELL DRILLER** (optional)  
 Name: Black Mountain Drilling License number: 1261

**10. 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. 24-4-104(1)(3)(a). I have read the statements herein, know the contents thereof and state that they are true to my knowledge.  
 Signature: Steven K. Weaver Date: 9/20/99  
 Title: Owner

**OPTIONAL INFORMATION**  
 Other Use Only: To Aug. plan DIV 2  
UL ✓ CO 21  
 USE MD 10

CHECKS: TERNAS1682 100199  
 DIV OF WATER RESOURCES BA

Form GWS-44 (11/95)

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WELL CONSTRUCTION AND TEST REPORT  
STATE OF COLORADO, OFFICE OF THE STATE ENGINEER

For Office Use only

**1. WELL PERMIT NUMBER** 052630-F

**2. OWNER NAME(S)** Steven K. Weaver  
 Mailing Address: 1910 Payton Circle  
 City, St. Zip: Colorado Springs, CO 80915  
 Phone (719) 637-7912

**3. WELL LOCATION AS DRILLED** SW 1/4 S1/4 Sec. 18 Twp. 14 S Range 67 W  
 DISTANCES FROM SEC. LINES:  
960 ft. from South Sec. line and 400 ft. from West Sec. line. OR  
 SUBDIVISION: Crystal Park Christian Community LOT 543 BLOCK \_\_\_\_\_ FILING(UNIT) 2  
 STREET ADDRESS AT WELL LOCATION: \_\_\_\_\_

**4. GROUND SURFACE ELEVATION** \_\_\_\_\_ ft. **DRILLING METHOD** Air Percussion  
 DATE COMPLETED 2/7/00 TOTAL DEPTH 460 ft. DEPTH COMPLETED 460 ft.

**5. GEOLOGIC LOG:**  
 Depth Description of Material (Type, Size, Color, Water Location)  
 0 - 460 Granite, tan, gray, pink layers

**6. HOLE DIAM. (in.)** From (ft) To (ft)  
 8 5/8 0 20  
 4 1/8 20 460

**7. PLAIN CASING**  
 OD (in) Kind Wall Size From (ft) To (ft)  
 8 5/8 Steel 1.88 0 20  
 4 PVC CG200 1.0 20 420  
 4 PVC CG200  
 PERF. CASING: Screen Slot Size: .03  
 4 PVC CG200 420 460

**8. FILTER PACK** **9. PACKER PLACEMENT:**  
 Material: N/A Type: Rubber  
 Size: \_\_\_\_\_ Depth: 100'  
 Interval: \_\_\_\_\_

**10. GROUTING RECORD:**  
 Material Amount Density Interval Placement  
 Portland 2 sack 158ppg 9-20 pour

REMARKS: \_\_\_\_\_

**11. DISINFECTANT:** Type granular chlorine Amt. Used 100 ppm

**12. WELL TEST DATA:**  Check box if Test Data is submitted on Form No. GWS 39 Supplemental Well Test.  
 TESTING METHOD: Air Lift  
 Static Level: 100 ft. Date/Time measured: 2/7/00 Production Rate: 15+ gpm.  
 Pumping level: 460 ft. Date/Time measured: 2/7/00 Test length (hrs.): 2

**13. I have read the statements made herein and know the contents thereof, and that they are true to my knowledge. (Pursuant to Section 24-4-104 (1)(3) C.R.S. the making of false statements herein constitutes perjury in the second degree and is punishable as a class 1 misdemeanor.)**  
 CONTRACTOR: Black Mountain Drilling Phone (719) 687-5708 Lic. No. 1261  
 Mailing Address: PO Box 644, Divide, CO 80814  
 Name/Title (Please type or print): David Wiley, Owner/Driller Signature: David Wiley Date: 2/22/00