

OWNER INFORMATION:

Name: MERLE R. MASER
Company (if applicable) LAND O'FAHS KENNEL
Address: 12599 JORDAN RD
City, State, Zip FOUNTAIN CO. 80817
Daytime Phone 719-382-1126
Fax Number 719-322-0502
E-mail landofahs@hughes.net
For meter readers, whom shall MAGUA send your meter readings? _____

USER INFORMATION, if other than owner:

Name: _____
Company (if applicable) _____
Address: _____
City, State, Zip _____
Daytime Phone _____
Fax Number _____
E-mail _____

Calculation of Dues (due in the MAGUA office by December 17th, 2014)

Instructions for the items below are on page 2 of the MAGUA application.

- 1. Active Wells (refer to page 2 of the application)
No. of wells 1 \$800.00 each Total: 800.00
- 2. Late Fees (for wells applying AFTER December 17th, 2014)
Fees are determined on a case-by-case basis Total: _____

Total Dues

Grand Total: 800.00 Make checks payable to MAGUA

3. Acre-feet of Water needed (total pumping, not depletions) for the January 1, 2015 thru December 31, 2015 Plan Year. **MAGUA will not process your application without this information!** A bill for your water will be sent after receiving the following information and will be due no later than April 1, 2015, or when billed, if later.

ID# 1006941 Water needed in Year 2015 SAME AS LAST YEAR if same write in "same as last year"

ID# _____ Water needed in Year 2015 _____ if same write in "same as last year"

Use a separate line for each well. For multiple use wells use a separate line for each use. If one well has two or more pumps with different uses, you must order for each use separately. If needed, please call the MAGUA office for more information.

Statement of Verification and Membership Agreement

I certify that the foregoing information is true and correct to the best of my knowledge.

I hereby authorize the power supplier for each well included on this form to provide power records to the Division Engineer and/or MAGUA on a monthly basis and to provide power meter and other information about my electrical service as requested by the Division Engineer.

Each participant in the MAGUA plan agrees to indemnify, defend, and hold harmless the Middle Arkansas Groundwater Users' Association and the Arkansas Groundwater Users Association from any and all liability, expenses, claims, or actions based on that participant's well diversions.

I hereby agree to cease pumping water covered by my membership immediately if I fail to make full payment of my membership dues or water fees. I understand that failure to cease pumping under these circumstances may result in prompt and complete curtailment by the State Engineer of the use of my well(s). I hereby agree to comply with any new rules or amendments to the existing rules adopted by the State Engineer and approved by the water court pertaining to the measurement or use of groundwater in the Arkansas River Basin. I have read the foregoing and agree to abide by its terms and all other reasonable rules and regulations of MAGUA.

I have read and understand the year 2015 MAGUA application and believe that the information given is correct to the best of my ability.

A check for the appropriate amount must accompany this application.

Merle R Maser
Signature of Owner

11-7-14
Date

OWNER INFORMATION:

Name: MERLE R. MASER
Company (if applicable) LANDFAS KENNEL
Address: 12599 JORDAN RD.
City, State, Zip FOUNTAIN, CO. 80817
Daytime Phone 719-382-1126
Fax Number 719-322-0502
E-mail landfask@hughes.net
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Company (if applicable) _____
Address: _____
City, State, Zip _____
Daytime Phone _____
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- 1. Active Wells (refer to page 2 of the application) Total: 800.00
No. of wells 1 \$800.00 each
- 2. Late Fees (for wells applying **AFTER December 17th, 2015**) Total: _____
Fees are determined on a case-by-case basis

Total Dues

Grand Total: 800.00 Make checks payable to MAGUA

3. Acre-feet of Water needed (total pumping, not depletions) for the January 1, 2016 thru December 31, 2016 Plan Year. **MAGUA will not process your application without this information!** A bill for your water will be sent after receiving the following information and will be due no later than April 1, 2016, or when billed, if later.

ID# 10069A Water needed in Year 2016 SAME AS LAST YEAR if same write in "same as last year"

ID# _____ Water needed in Year 2016 _____ if same write in "same as last year"

Use a separate line for each well. For multiple use wells use a separate line for each use. If one well has two or more pumps with different uses, you must order for each use separately. If needed, please call the MAGUA office for more information.

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I have read and understand the year 2016 MAGUA application and believe that the information given is correct to the best of my ability.

A check for the appropriate amount must accompany this application.

Merle R Maser
Signature of Owner

11-1-15
Date

OWNER INFORMATION:

Name: MERLE R. KASER
Company (if applicable) LINDOFAHS KENNEL
Address: 12599 JORDAN RA.
City, State, Zip FOUNTAIN, Co. 80817
Daytime Phone 719-382-1126
Fax Number 719-322-0502
E-mail lindo-fahs@hughes-net
For meter readers, whom shall MAGUA send your meter readings? _____

USER INFORMATION, if other than owner:

Name: _____
Company (if applicable) _____
Address: _____
City, State, Zip _____
Daytime Phone _____
Fax Number _____
E-mail _____

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No. of wells _____ \$800.00 each
- 2. Late Fees (for wells applying AFTER December 17th, 2016)
Fees are determined on a case-by-case basis

Total: 800.00

Total: _____

Total Dues

Grand Total: 800.00 Make checks payable to MAGUA

3. Acre-feet of Water needed (total pumping, not depletions) for the January 1, 2017 thru December 31, 2017 Plan Year. **MAGUA will not process your application without this information!** A bill for your water will be sent after receiving the following information and will be due no later than April 1, 2017, or when billed, if later.

ID# 10069A Water needed in Year 2017 SAME AS LAST YEAR if same write in "same as last year"
ID# _____ Water needed in Year 2017 _____ if same write in "same as last year"

Use a separate line for each well. For multiple use wells use a separate line for each use. If one well has two or more pumps with different uses, you must order for each use separately. If needed, please call the MAGUA office for more information.

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I have read and understand the year 2017 MAGUA application and believe that the information given is correct to the best of my ability.

A check for the appropriate amount must accompany this application.

Merle R. Kaser
Signature of Owner

11-7-16
Date

OWNER INFORMATION:

Name: _____
Company (if applicable) _____
Address: _____
City, State, Zip _____
Daytime Phone _____
Fax Number _____
E-mail _____

USER INFORMATION, If other than owner:

Name: _____
Company (if applicable) _____
Address: _____
City, State, Zip _____
Daytime Phone _____
Fax Number _____
E-mail _____

For meter readers, whom shall MAGUA send your meter readings? _____

Calculation of Dues (due in the MAGUA office by December 17th, 2017)
Instructions for the items below are on page 2 of the MAGUA application.

- 1. Active Wells (refer to page 2 of the application)
No. of wells 1 \$800.00 each Total: 800.00
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Fees are determined on a case-by-case basis Total: _____

Total Dues

Grand Total: 800.00 Make checks payable to MAGUA

3. Acre-feet of Water needed (total pumping, not depletions) for the January 1, 2018 thru December 31, 2018 Plan Year. **MAGUA will not process your application without this information!** A bill for your water will be sent after receiving the following information and will be due no later than April 1, 2018, or when billed, if later.

ID# 1006941 Water needed in Year 2018 SAME AS LAST YEAR if same write in "same as last year"

ID# _____ Water needed in Year 2018 _____ if same write in "same as last year"

Use a separate line for each well. For multiple use wells use a separate line for each use. If one well has two or more pumps with different uses, you must order for each use separately. If needed, please call the MAGUA office for more information.

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I have read and understand the year 2018 MAGUA application and believe that the information given is correct to the best of my ability.

A check for the appropriate amount must accompany this application.

Mark R. Mason
Signature of Owner

11-2-17
Date

Form No.
GWS-25

OFFICE OF THE STATE ENGINEER
COLORADO DIVISION OF WATER RESOURCES
818 Centennial Bldg., 1313 Sherman St., Denver, Colorado 80203
(303) 866-3581

EXIST

WELL PERMIT NUMBER 80316 -F-
DIV. 2 WD 10 DES. BASIN MD

APPLICANT

MERLE R MASER
12599 JORDAN RD
FOUNTAIN, CO 80817-

(719) 382-1126

APPROVED WELL LOCATION

EL PASO COUNTY
NE 1/4 NE 1/4 Section 20
Township 16 S Range 65 W Sixth P.M.

DISTANCES FROM SECTION LINES

255 Ft. from North Section Line
670 Ft. from East Section Line

UTM COORDINATES (Meters, Zone: 13, NAD83)

Easting: 527439 Northing: 4277903

CHANGE/EXPANSION OF USE OF AN EXISTING WELL

ISSUANCE OF THIS PERMIT DOES NOT CONFER A WATER RIGHT

CONDITIONS OF APPROVAL

- 1) This well shall be used in such a way as to cause no material injury to existing water rights. The issuance of this permit does not ensure that no injury will occur to another vested water right or preclude another owner of a vested water right from seeking relief in a civil court action.
- 2) The construction of this well shall be in compliance with the Water Well Construction Rules 2 CCR 402-2, unless approval of a variance has been granted by the State Board of Examiners of Water Well Construction and Pump Installation Contractors in accordance with Rule 18.
- 3) Approved pursuant to CRS 37-90-137(2), to change/expand the use on an existing well constructed under permit no. 59538-A, on the condition that this well is operated in accordance with the Middle Arkansas Groundwater User's Association (MAGUA) Augmentation Plan approved by the Division 2 Water Court in case no. 07CW0129. If this well is not operated in accordance with the terms of said decree, it will be subject to administration including orders to cease diverting water. The well structure I.D.# is 1006941.
- 4) The issuance of this permit hereby cancels permit no. 59538-A.
- 5) Approved for a well located on a legal description described as Lot 12, Block 2, Lock Ranch Subdivision, El Paso County.
- 6) The use of ground water from this well is limited to ordinary household purposes inside a single family dwelling, 1,000 square feet of home garden and lawn and livestock watering (domestic animals and commercial dog kennel), as requested.
- 7) The pumping rate of this well shall not exceed 10 GPM, as requested.
- 8) The annual withdrawal of ground water from this well is limited to 0.5876 acre-foot, as requested (The annual withdrawal of ground water from all wells operating pursuant to case no. 07CW0129, may vary from year to year up to a maximum of 110 acre-feet, and is subject to limitations due to the availability of augmentation water to replace projected lagged depletions as described in the decree).
- 9) The return flow from the use of this well must be through a non-evaporative septic system or municipal waste water treatment plant (Harding), per decree.
- 10) The owner shall mark the well in a conspicuous place with well permit number(s), name of the aquifer, and court case number(s) as appropriate. The owner shall take necessary means and precautions to preserve these markings.
- 11) All wells covered by this plan for augmentation shall be metered. Meters shall be installed, operated, tested and verified in accordance with Amended Rules Governing the Measurement of Ground Water Diversions Located in the Arkansas River Basin, Case No. 05CW88, and other applicable rules adopted in the future by the State Engineer. Meter readings shall be read and recorded monthly.
- 12) This well must be located not more than 200 feet from the location specified on this permit.

APPROVED
JSG

State Engineer

Dick Wolfe

DATE ISSUED 10-17-2016

By

John Baber

EXPIRATION DATE

Receipt No. 3674768