

#162440-F 'Site 5346'  
"Bigelow"

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 fax: (303) 866-3589 http://www.water.state.co.us		Office Use Only Form GWS-44 (6/2003)	
<b>RECEIVED</b> APR 11 2005			
<b>RESIDENTIAL</b> Note: Also use this form to apply for livestock watering <b>Water Well Permit Application</b> Review instructions on reverse side prior to completing form. The form must be completed in black ink.		<b>6. Use Of Well (check applicable boxes)</b> See instructions to determine use(s) for which you may qualify <input checked="" type="checkbox"/> A. Ordinary household use in one single-family dwelling (no outside use) <input type="checkbox"/> B. Ordinary household use in 1 to 3 single-family dwellings: Number of dwellings: _____ <input type="checkbox"/> Home garden/lawn irrigation, not to exceed one acre: area irrigated _____ sq. ft. <input type="checkbox"/> acre <input type="checkbox"/> Domestic animal watering - (non-commercial) <input type="checkbox"/> C. Livestock watering (on farm/ranch/range/pasture)	
<b>1. Applicant Information</b> Name of applicant: David & Alice Eisenhauer Mailing address: 135 Ruxton Avenue City: Manitou Springs State: CO Zip code: 80829 Telephone #: (719) 685-3550		<b>7. Well Data (proposed)</b> Maximum pumping rate: 15 gpm Annual amount to be withdrawn: 1 acre-feet Total depth: unknown feet Aquifer: fractured granite	
<b>2. Type Of Application (check applicable boxes)</b> <input checked="" type="checkbox"/> Construct new well <input type="checkbox"/> Use existing well <input type="checkbox"/> Replace existing well <input type="checkbox"/> Change or increase use <input type="checkbox"/> Change source (aquifer) <input type="checkbox"/> Reapplication (expired permit) <input type="checkbox"/> Other: _____		<b>8. Water Supplier</b> Is this parcel within boundaries of a water service area? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, provide name of supplier: _____	
<b>3. Refer To (if applicable)</b> Well permit #: _____ Water Court case #: W-4568 Designated Basin Determination #: _____ Well name or #: _____		<b>9. Type Of Sewage System</b> <input checked="" type="checkbox"/> Septic tank / absorption leach field <input type="checkbox"/> Central system: District name: _____ <input type="checkbox"/> Vault: Location sewage to be hauled to: _____ <input type="checkbox"/> Other (attach copy of engineering design and report)	
<b>4. Location Of Proposed Well</b> County: El Paso NW 1/4 of the SE 1/4 Section: 8 Township: 14 N or S <input checked="" type="checkbox"/> Range: 67 E or W <input checked="" type="checkbox"/> Principal Meridian: 6th Distance of well from section lines (section lines are typically not property lines): 2325 ft. from <input type="checkbox"/> N <input checked="" type="checkbox"/> S 2275 ft. from <input checked="" type="checkbox"/> E <input type="checkbox"/> W For replacement wells only - distance and direction from old well to new well: _____ feet _____ direction Well location address (if applicable): _____ Optional: GPS well location information in UTM format Required settings for GPS units are as follows: Format must be UTM Zone must be 13 Units must be Meters Datum must be NAD27 (CONUS) Unit must be set to true north Were points averaged? <input type="checkbox"/> YES <input type="checkbox"/> NO Northing: _____ Easting: _____		<b>10. Proposed Well Driller License #(optional):</b> 1261 <b>11. Signature Of Applicant(s) Or Authorized Agent</b> 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 here (Must be original signatures) Date: David & Alice Eisenhauer 4/8/05 David & Alice Eisenhauer 4/8/05 David & Alice Eisenhauer, Owners	
<b>5. Parcel On Which Well Will Be Located</b> A. You must check and complete one of the following: <input checked="" type="checkbox"/> Subdivision: Name Crystal Park Christian Comm. Lot 5346 Block _____ Filing/Unit 2 <input type="checkbox"/> County exemption (attach copy of county approval & survey) Name/# _____ Lot # _____ <input type="checkbox"/> Parcel less than 35 acres, not in a subdivision, attach a deed with metes and bounds description recorded prior to June 1, 1972 <input type="checkbox"/> Mining claim (attach a copy of the deed or survey): Name/# _____ <input type="checkbox"/> Square 40 acre parcel as described in Item 4 <input type="checkbox"/> Parcel of 35 or more acres (attach a metes and bounds description or survey) <input type="checkbox"/> Other (attach metes & bounds description or survey and supporting documents)		Office Use Only USGS map name: Elliott DWR map no. 61E Surface elev. _____ Receipt area only: Invoice # 537359 4/11/2005 -- 13:13:18 Cashier ID: 41 \$488.00 WE ✓ WR ✓ CWCB ✓ TOPO ✓ MYLAR SBS Check Purchase- #1781 DIV 2 WD 10 BA MD	
<b>B. # of acres in parcel:</b> .77 <b>C. Are you the owner of this parcel?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if no - see instructions)		<b>D. Will this be the only well on this parcel?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if no - list other wells)	
<b>E. State Parcel ID# (optional):</b> _____			



FORM NO. GWS-91 01/93

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

For Office Use only

RECEIVED BIGELOW 975 Oak Ridge Rd SEP 09 2005

WATER RESOURCES STATE ENGINEER

1. WELL PERMIT NUMBER 62440-F
2. OWNER NAME(S) DAVID & ALICE EISENHAUER
Mailing Address T35 ROXTON AVENUE
City, St, Zip MANITOU SPRINGS, CO 80828
Phone (719) 685-3550

3. WELL LOCATION AS DRILLED: NW 1/4 SE 1/4, Sec. 8 Twp. 14 SOUTH Range 67 WEST
DISTANCES FROM SEC. LINES: 2325 ft. from SOUTH Sec. line. and 2275 ft. from EAST Sec. line. OR
SUBDIVISION: CRYSTAL PARK CHRISTIAN COMMUNITY LOT 5346 BLOCK FILING(UNIT) 2
STREET ADDRESS AT WELL LOCATION:

4. GROUND SURFACE ELEVATION ft. DRILLING METHOD Air Percussion
DATE COMPLETED 9/2/05 TOTAL DEPTH 835 ft. DEPTH COMPLETED 833 ft.

5. GEOLOGIC LOG:
Depth Description of Material (Type, Size, Color, Water Location)
0-40 DECOMPOSED GRANITE
40-200 GRANITE, BROWN, GREY, TAN
200-670 GRANITE, BROWN, GREY
670-835 GRANITE, BROWN, RED, GREY

Table with 3 columns: HOLE DIAM. (in.), From (ft), To (ft). Rows: 8 5/8 (0 to 41), 6 1/8 (41 to 835)

Table with 5 columns: OD (in), Kind, Wall Size, From(ft), To(ft). Rows: 6 5/8 Steel 188 (+1 to 41), 4 PVC SCH 40 (10 to 773), PERF. CASING: Screen Slot Size: .035, 4 PVC SCH 40 (773 to 833)

8. FILTER PACK: Material SAND Size 8 X 12 Interval 700 - 833

9. PACKER PLACEMENT: Type N/A Depth

REMARKS:

Table with 5 columns: Material, Amount, Density, Interval, Placement. Row: Portland 6 sack 150pg 9-41 pour/vibrate

11. DISINFECTION: Type Granular Chlorine Amt. Used 2 1/2 CUPS

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 320 ft. Date/Time measured 9/2/05 Production Rate 8 gpm.
Pumping level 833 ft. Date/Time measured 9/2/05 Test length (hrs.) 2
Remarks

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 (13)(e) - 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, Inc. Phone (719) 687-5708 Lic. No. 1261
Mailing Address P. O. Box 644, Divide, CO 80814

Name/Title (Please type or print) Signature Date
David D. Wiley, Contractor David Wiley 9/7/05