

COLORADO DIVISION OF WATER RESOURCES
DEPARTMENT OF NATURAL RESOURCES
1313 SHERMAN ST., Ste 821, DENVER, CO 80203
Main: (303) 866-3581 Fax: (303) 866-2223 dwrpermitonline@state.co.us

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) Clivea Karen Grant Revoc-
able Trust, c/o Petrock &
Fendel, P.C.

Mailing address

700 17th St. #1800

City

Denver

State

CO

Zip code

80202

Telephone (w/area code)

303-534-0702

E-mail

gary@petrockfendel.com

2. Type Of Application (check applicable boxes)

- ☐ Construct new well
☐ Replace existing well
☐ Use existing well
☒ Change or increase use
☐ Change source (aquifer)
☐ Reapplication (expired permit)
☐ Rooftop precip. collection
☐ Other: change to

3. Refer To (if applicable)

non-exempt well

Well permit #

69076

Water Court case #

16CW3066/WD#2

Designated Basin Determination #

Well name or #

Well #1

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

County

El Paso

50

1/4 of the

NE

Section

5

Township

12

N or S

☒ N ☐ S

Range

66

E or W

☒ E ☐ W

Principal Meridian

6th

Distance of well from section lines (section lines are typically not property lines)

1820 Ft. from

☒ N ☐ S

2300 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.

1315 Walsen Road

Colorado Springs, CO 80921

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:

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 _____
Lot _____ 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

40

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)

N/A - augmented

E. State Parcel ID# (optional):

Office Use Only

Form GWS-44 (7/2012)

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: 1

☒ Home garden/lawn irrigation, not to exceed one acre:

area irrigated 10,500 sq. ft. ☐ acre

☒ Domestic animal watering - (non-commercial) - 4

☐ C. Livestock watering (on farm/ranch/range/pasture)

7. Well Data (proposed)

Maximum pumping rate

15 gpm

Annual amount to be withdrawn

1 acre-feet

Total depth

295 feet

Aquifer

Dawson

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):

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

Gary Crosby, Paralegal, Petrock & Fendel, P.C.

Date (mm/dd/yyyy)

8/28/17

If signing print name and title

Office Use Only

USGS map name

DWR map no.

Surface elev.

Receipt area only

#

3681429

AQUAMAP

WE

WR

CWCB

TOPO

MYLAR

SBS

DIV _____ WD _____ BA _____ MO _____