

COLORADO DIVISION OF WATER RESOURCES
 DEPARTMENT OF NATURAL RESOURCES
 1313 SHERMAN ST., Ste 821, DENVER, CO 80203
 Main (303) 866-3581

Office Use Only

Form GWS-44 (01/2020)

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.

RCVD DWR
09/07/2021

1. Applicant Information

Name(s):

BALES, KATHY

Mailing address:

27741 LAKE POINT DRIVE

City State Zip code
GOLDEN MO 65658

Telephone (wireless) Email:
417-665-9404 baleskathy@gmail.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

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

Fremont

Section Township N or S Range E or W Principal Meridian
19 19 73 6TH

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

ft from N S 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

Optional: GPS well location information in UTM format. GPS unit settings are as follows:
 Format must be UTM

Zone 12 or Zone 18 Easting **6.2.3**

Units must be Meters Nothing

Datum must be NAD83

Unit must be set to true north. Remember to set Datum to NAD83

Was GPS unit checked for above? YES

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 _____ C. Are you the owner of this parcel?

40 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: **3**
- Home garden/lawn irrigation, not to exceed one acre area irrigated **1** sq. ft acre
- Domestic animal watering - (non-commercial)
- C. Livestock watering (on farm/ranch/range/pasture)

7. Well Data (proposed)

Maximum pumping rate Annual amount to be withdrawn
15 gpm **1** acre-feet
 Total depth feet Aquifer

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): 592

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)

Robert Young for Kathy Bales **09/03/2021**

Robert Young, President

Office Use Only

USGS map name DWR map no. Surface elev.

Receipt area only

10015193

AQUAMAP

WE

WR

OWDB

TQRC

MYLAR

SBS

DIV _____ WD _____ BA _____ MD _____