

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) _____

Mailing address _____

City _____ State _____ Zip code _____

Telephone (w/area code) _____ E-mail _____

2. Type Of Application (check applicable boxes)

Construct new well Change source (aquifer)
 Replace existing well Reapplication (expired permit)
 Use existing well Rooftop precip. collection
 Change or increase use 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 _____ 1/4 of the _____ 1/4

Section _____ Township N or S _____ Range E or W _____ Principal Meridian _____

Distance of well from section lines (section lines are typically not property lines)
 Ft. from N S _____ 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.

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 _____ 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)

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: _____
 Home garden/lawn irrigation, not to exceed one acre:
 area irrigated _____ sq. ft. acre
 Domestic animal watering – (non-commercial)

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

7. Well Data (proposed)

Maximum pumping rate	gpm	Annual amount to be withdrawn	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):

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) _____

If signing print name and title

Office Use Only

USGS map name	DWR map no.	Surface elev.
Receipt area only		
AQUAMAP WE WR CWCB TOPO MYLAR SB5		
DIV _____		WD _____ BA _____ MD _____