

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

EXST

WELL PERMIT NUMBER 299662 - -
DIV. 8 WD 49 DES. BASIN 1 MD 3

APPLICANT

TOM P KUFFEL
P O BOX 536
GRANT, NE 69140-

69140-

APPROVED WELL LOCATION

KIT CARSON COUNTY
NW 1/4 SE 1/4 Section 28
Township 6 S Range 47 W Sixth P.M.

DISTANCES FROM SECTION LINES

2200 Ft. from South Section Line
1540 Ft. from East Section Line

UTM COORDINATES (Meters, Zone: 13, NAD83)

Easting: Northing:

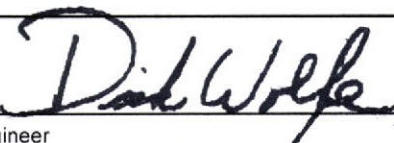
PERMIT TO USE AN EXISTING WELL

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 37-90-105 for a change in use of an existing well (constructed under permit no. 20819-FP) on a tract of land of 40 acres described as the NW 1/4 of the SE 1/4 of Section 28, Township 6 South, Range 47 West of the Sixth P.M., Kit Carson County.
- 4) Water from this well may be used for domestic purposes inside 1 single family dwelling, and the watering of the owner's own large non-commercial domestic animals.
- 5) The irrigated area shall not exceed 1 acre of lawn and garden.
- 6) Water from this well may be used for the watering of livestock on range and pasture.
- 7) The pumping rate of this well shall not exceed 50 GPM.
- 8) The annual withdrawal of ground water from this well shall not exceed 3 acre-feet.
- 9) Production is limited to the Ogallala aquifer. Plain casing must be installed and grouted to prevent diversion of water from other zones.
- 10) This well shall be located within 300 feet of the location specified on this permit.

NOTE: This well is located within the Arikaree Ground Water Management District where local District Rules apply which may further limit the withdrawal and use of designated ground water as authorized under this permit.

APPROVED
SVJ


State Engineer

DATE ISSUED 12-09-2015


By EXPIRATION DATE *N/A*

Receipt No. 3672568

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 dwrpermitsonline@state.co.us

Office Use Only Form GWS-44 (7/2012)
RECEIVED
DEC 08 2015
WATER RESOURCES
STATE ENGINEER
COLO

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)
Tom P. Kuffel
Mailing address
P.O. Box 92 *PDB 536*
City *McColl Junction* State *CO* Zip code *80401*
Telephone (w/area code) *607-6840* E-mail *69140*

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 1 sq. ft. acre
 C. Livestock watering (on farm/ranch/range/pasture)

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:

7. Well Data (proposed)
Maximum pumping rate <50 gpm Annual amount to be withdrawn 3 acre-feet
Total depth 230 feet Aquifer Ogallala Aquifer

3. Refer To (if applicable)
Well permit # 20819-FP Water Court case #
Designated Basin Determination # Well name or #

8. Water Supplier
Is this parcel within boundaries of a water service area? YES NO
If yes, provide name of supplier:

4. Location Of Proposed Well (Important! See Instructions)
County Kit Carson NW 1/4 of the SE 1/4
Section 28 Township 6 N or S Range 47 E or W Principal Meridian 6TH
Distance of well from section lines (section lines are typically not property lines)
2200 Ft. from N S 1540 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.
NW1/4 SE1/4 Sec 28-T6S-R47W-6PM

9. Type Of Sewage System
 Septic tank / absorption leach field
 Central system: District name: _____
 Vault: Location sewage to be hauled to: _____
 Other (explain) _____

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
Easting: _____
Datum must be NAD83
Unit must be set to true north
Northing: _____
Was GPS unit checked for above? YES Remember to set Datum to NAD83

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)
Rev. Tom Kuffel 11/25/15
If signing print name and title
Tom Kuffel

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 160 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):

Office Use Only
USGS map name _____ DWR map no. _____ Surface elev. _____
Arivaree Receipt area only
Satur
50 gpm
Transaction #: 3672568
Date: 12/8/2015 11:26:47 AM
Transaction Total: \$100.00
CHECK #1085 \$100.00
AQUAMAP
WE
WR
CWCB
TOPO
MYLAR
SB5 *N/A*
DIV 8 WD 49 BA 1 MD 3