

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 (1/2001)

RECEIVED

JUL 28 2004

WATER RESOURCES
STATE ENGINEER
COLG.

RESIDENTIAL Note: Also use this form to apply for livestock watering
Water Well Permit Application
 Review instructions on reverse side prior to completing form.
 The form must be completed in black ink.

1. Applicant Information

Name of applicant: **David K. & Karen C. Lang**

Mailing address:
8236 Homestake Rd

City: **Larkspur** State: **Co** Zip code: **80018**

Telephone #: **303, 681-0630**

2. Type Of Application (check applicable boxes)

Construct new well Use existing well
 Replace existing well Change or increase use
 Change source (aquifer) Reapplication (expired permit)
 Other:

3. Refer To (if applicable)

Well permit #: _____ Water Court case #: **92CW087**
 Designated Basin Determination #: _____ Well name or #: _____

4. Location Of Proposed Well

County: **JEFFERSON** Section: **23** Township N or S: **6** Range E or W: **71** Principal Meridian: **6th**
 Distance of well from section lines (section lines are typically not property lines):
250 Ft. from N S **1000** Ft. from E 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? YES NO

Northing: **4373811**
 Easting: **472679**

5. Parcel On Which Well Will Be Located

A. You must check and complete one of the following:

Subdivision: Name **Belle Meade**
 Lot **23** 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 and bounds description recorded prior to June 1, 1972

Mining claim (attach a copy of the deed or survey):
 Name/# _____

Square 40 acre parcel as described in Item 4

Parcel of 35 or more acres (attach a metes and bounds description or survey)

Other (attach metes & bounds description or survey and supporting documents)

B. # of acres in parcel: **10** C. Are you the owner of this parcel?
 YES NO (if no - see instructions)

D. Will this be the only well on this parcel? YES NO (if no - list other wells)

SEE 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: **15** gpm Annual amount to be withdrawn: **33** 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 (attach copy of engineering design and report)

10. Proposed Well Driller License #(optional): **949**

11. Signature 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 here (Must be original signature) _____ Date: **6-11-04**

Print name & title:
DAVID K. LANG

Office Use Only

USGS map name _____ DWR map no. _____ Surface elev. _____

Receipt area only

Invoice # 527691
 7/28/2004 - 89:85:36
 Cashier ID: 81
 8488.88

Check Purchase- 82188

WE
 WR
 CWCS
 TOPO
 MYLAR
 SBS CHV WD BA MD

FORM NO.
GWS-32
10/84

PUMP INSTALLATION AND TEST REPORT
STATE OF COLORADO, OFFICE OF THE STATE ENGINEER

For Office Use only

1. WELL PERMIT NUMBER 61487-F

2. OWNER NAME(S) David K. & Karen C. Lang
Mailing Address 10822 Trailrider Pass
City, St. Zip Littleton, Co 80127
Phone (303) 681-0630

3. WELL LOCATION AS DRILLED: SW 1/4 SW 1/4, Sec. 23 Twp. 6 S, Range 71 W
DISTANCES FROM SEC. LINES:
1300 ft. from South Sec. line. and 250 ft. from West Sec. line.
(north or south) (east or west)
SUBDIVISION: Belle Meade LOT 23 BLOCK _____ FILING(UNIT) _____
STREET ADDRESS AT WELL LOCATION: _____

4. PUMP DATA: Type submersible Installation Completed 1-26-05
Pump Manufacturer Star-Rite Pump Model No. L5P4GHL-03B
Design GPM 5 at RPM _____, HP 2, Volts 230, Full Load Amps 13
Pump Intake Depth 770 Feet, Drop/Column Pipe Size 1 Inches, Kind PVC sch 120

ADDITIONAL INFORMATION FOR PUMPS GREATER THAT 50 GPM:

TURBINE DRIVER TYPE: Electric Engine Other _____
Design Head _____ feet, Number of Stages _____, Shaft size _____ inches.

5. OTHER EQUIPMENT:

Airline Installed Yes No, Orifice Depth ft. _____, Monitor Tube Installed Yes No, Depth ft. _____
Flow Meter Mfg. _____ Meter Serial No. _____
Meter Readout Gallons, Thousand Gallons, Acre feet, Beginning Reading _____

6. TEST DATA: Check box if Test data is submitted on Supplemental Form.

Date _____
Total Well Depth 805' Time _____
Static Level 100' Rate (GPM) 5
Date Measured _____ Pumping Lvl. 770'

7. DISINFECTION: Type granular chlorine Amt. Used 21 oz

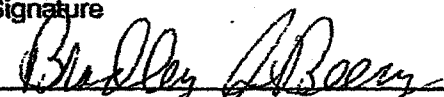
8. Water Quality analysis available. Yes No

9. Remarks _____

10. I have read the statements made herein and know the contents thereof, and that they are true to my knowl
[Pursuant to Section 24-4-104 (13)(a) C.R.S., the making of false statements herein constitutes perjury in the se
degree and is punishable as a class 1 misdemeanor.]

CONTRACTOR ASPEN DRILLING CO., INC Phone (303) 697-8335 Lic. No. 12
Mailing Address 9054 S. HWY 285 MORRISON, CO 80465

Name/Title (Please type or print)
BRADLEY J. BEERY, prés

Signature


Date 1-26-05