

**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

RECEIVED  
 MAR 23 2005

Office Use Only  
 Form GWS-44 (10/2004)  
**EMERGENCY REDRILL - Please fax permit to 719-395-3175**

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

**1. Applicant Information**

Name of applicant  
Lake County MMI, LLC  
 Mailing address  
2801 S. Newland St  
 City Denver State CO Zip code 80227  
 Telephone # ( )

**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 # 28018 Water Court case #  
 Designated Basin Determination # Well name or #

**4. Location Of Proposed Well**

County Lake SW 1/4 of the SW 1/4  
 Section 23 Township 9 N or S  Range 80 E or W  Principal Meridian S  
 Distance of well from section lines (section lines are typically not property lines)  
651 Ft. from  N  S 247 Ft. from  E  W  
 For replacement wells only - distance and direction from old well to new well  
50 feet Northeast direction  
 Well location address (if applicable)

Optional: GPS well location information in UTM format  
 You must check GPS unit for required settings as follows:

Format must be UTM  
 Zone must be 13  
 Units must be Meters  
 Datum must be NAD83  
 Unit must be set to true north  
 Was GPS unit checked for above?  YES Remember to set Datum to NAD83  
 Easting 0383731  
 Northing 4341751

**5. Parcel On Which Well Will Be Located**

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 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 20 C. Are you the owner of this parcel?  
 YES  NO (if no - see instructions)  
 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 (attach copy of engineering design and report)

**10. Proposed Well Driller License #(optional): 1318**

**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.  
 Signature (Must be original signature) David Hutson Date 3/21/05  
 Print name & title David Hutson, Owner

**Office Use Only**

USGS map name Leadville South DVR map no. 48K Surface elev. \_\_\_\_\_  
 Receipt area only  
 Invoice # 536663  
 3/23/2005 -- 15:28:05  
 Cashier ID: 6  
 \$488.00  
 Check Purchase- #3323  
 WE ✓  
 WR ✓  
 CWCB ✓  
 TOPO  
 MYLAR  
 SBS  
 DIV 2 WD 11 BA \_\_\_\_\_ MD \_\_\_\_\_