

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

1416

APPLICANT

WELL PERMIT NUMBER 271206

DIV. 2 WD 16

DES. BASIN MD

MCGEE FAMILY TRUST
C/O RONALD H MCGEE
PO BOX 523
LA VETA, CO 81055-

(602) 397-1822

PERMIT TO CONSTRUCT A WELL (AMENDED)

APPROVED WELL LOCATION

HUERFANO COUNTY
NW 1/4 NW 1/4 Section 12
Township 30 S Range 68 W Sixth P.M.

DISTANCES FROM SECTION LINES

1018 Ft. from North Section Line
1098 Ft. from West Section Line

UTM COORDINATES (Meters, Zone:13, NAD83)

Easting: 503821 Northing: 4145467

ISSUANCE OF THIS PERMIT DOES NOT CONFER A WATER RIGHT

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 37-92-602(3)(b)(II)(A) as the only well on a tract of land of 88.00 acres described as that portion of the S 1/2 of the SW 1/4 and that portion of the NW 1/4 of the NW 1/4, Sec. 12, Twp. 30 S, Rng. 68 W, Sixth P.M., Huerfano County, more particularly described on the attached exhibit A.
- 4) The use of ground water from this well is limited to fire protection, ordinary household purposes inside not more than three (3) single family dwellings, the watering of poultry, domestic animals and livestock on a farm or ranch and the irrigation of not more than one (1) acre of home gardens and lawns.
- 5) The pumping rate of this well shall not exceed 15 GPM.
- 6) The return flow from the use of this well must be through an individual waste water disposal system of the non-evaporative type where the water is returned to the same stream system in which the well is located.
- 7) This well shall be constructed not more than 200 feet from the location specified on this permit.

NOTICE: This permit has been approved subject to the following changes: The distances from section lines, quarter/quarter, quarter, Section, Township, Range and P.M. were determined from UTM coordinate values provided with the permit application. You are hereby notified that you have the right to appeal the issuance of this permit, by filing a written request with this office within sixty (60) days of the date of issuance, pursuant to the State Administrative Procedures Act. (See Section 24-4-104 through 106, C.R.S.) C.R.P. 10/17/06

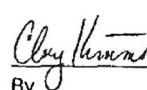
NOTE: Well Construction Variance 2006-196A was approved by the Board of Examiners of Water Well Construction and Pump Installation Contractors on December 15, 2006. MPS

APPROVED
CDK


State Engineer

Receipt No. 3609895

DATE ISSUED 10-17-2006


By EXPIRATION DATE 10-17-2008

FORM NO.
GWS-31
02/2005

WELL CONSTRUCTION AND TEST REPORT
STATE OF COLORADO, OFFICE OF THE STATE ENGINEER
1313 Sherman St., Room 818, Denver, CO 80203
Phone - Info (303) 866-3587 Main (303) 866-3581
Fax (303) 866-3589 http://www.water.state.co.us

RECEIVED
For Office Use Only

JUN 15 2007

WATER RESOURCES
STATE OF COLORADO

1. WELL PERMIT NUMBER:	271206			
2. WELL OWNER INFORMATION				
NAME OF WELL OWNER: McGEE Family Trust				
MAILING ADDRESS: C/O Ronald H McGee Po Box 523				
CITY: La Veta		STATE: CO	ZIP CODE: 81055	
TELEPHONE NUMBER: (602) 397 1822				
3. WELL LOCATION AS DRILLED: NW 1/4, NW 1/4, Sec. 12, Twp. 30 <input type="checkbox"/> Nor <input checked="" type="checkbox"/> S, Range 68 <input type="checkbox"/> E or <input checked="" type="checkbox"/> W				
DISTANCES FROM SEC. LINES: _____ ft. from <input type="checkbox"/> N or <input type="checkbox"/> S section line and _____ ft. from <input type="checkbox"/> E or <input type="checkbox"/> W section line.				
SUBDIVISION: _____, LOT _____, BLOCK _____, FILING (UNIT) _____				
Optional GPS Location: GPS Unit must use the following settings: Format must be UTM, Units must be meters, Datum must be NAD83, Unit must be set to true N, <input type="checkbox"/> Zone 12 or <input checked="" type="checkbox"/> Zone 13				
Owner's Well Designation: Easting: 503792 Northing: 4145470				
STREET ADDRESS AT WELL LOCATION:				
4. GROUND SURFACE ELEVATION _____ feet DATE COMPLETED 5/23/07 TOTAL DEPTH 14 feet				
5. GEOLOGIC LOG:				
Depth	Type	Grain Size	Color	Water Loc.
1 - 4	Topsoil	.003	Brown	
4 - 14	Rocks Gravel	3"-	multi	5'
14	Sandstone	.02	Brown	
6. HOLE DIAM (in.) From (ft) To (ft)				
14' x 25' 0- 14				
7. PLAIN CASING:				
OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)
8 5/8	Steel	.188	+1	6
PERFORATED CASING: Screen Slot Size (in): .070				
8 5/8 Stainless .188 6 14				
8. FILTER PACK: 9. PACKER PLACEMENT:				
Material	Silica	Type		
Size	6-9			
Interval	6-14	Depth		
10. GROUTING RECORD				
Material	Amount	Density	Interval	Placement
Concrete	10 yds	5" slurry	5'4"-6'	Loader
Remarks: _____				
11. DISINFECTION: Type Liquid Bleach Amt. Used 20 gal				
12. WELL TEST DATA: <input type="checkbox"/> Check box if Test Data is submitted on Form Number GWS 39 Supplemental Well Test.				
TESTING METHOD Trash Pump				
Static Level	5 ft.	Date/Time measured: 5/26/07 7:00 AM	Production Rate	6 gpm.
Pumping Level	14 ft.	Date/Time measured: 5/22/07 8:00 AM	Test Length (hrs)	14 hrs.
Remarks: _____				
13. I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed and certified in accordance with Rule 17.4 of the Water Well Construction Rules, 2 CCR 402-2. [The filing of a document that contains false statements is a violation of section 37-91-108(1)(e), C.R.S., and is punishable by fines up to \$5000 and/or revocation of the contracting license.]				
Company Name: OJO Springs Drilling + well Service Phone: (719) 738 3580 License Number: 1416				
Mailing Address: 601 S Hendren Walsenburg CO 81089				
Signature: Octave Blouin	Print Name and Title: Octave Blouin		Date: 6/13/07	

PUMP INSTALLATION AND TEST REPORT
STATE OF COLORADO, OFFICE OF THE STATE ENGINEER
1313 Sherman St., Room 818, Denver, CO 80203
Info (303) 866-3587 Main (303) 866-3581
Fax (303) 866-3589 <http://www.water.state.co.us>

For Office Use Only

1. WELL PERMIT NUMBER: 271206

2. WELL OWNER INFORMATION

NAME OF OWNER

Mc Gee Family Trust

MAILING ADDRESS

C/O Ronald McGee Po Box 523

CITY

La Veta

STATE

CO

ZIP CODE

81055

TELEPHONE #

(710) 397 18223. WELL LOCATION AS DRILLED: NW 1/4, NW 1/4 Sec. 12, Twp. 30 N or S, Range 68 E or WDISTANCES FROM SEC. LINES: _____ ft. from N or S section line and _____ ft. from E or W section line.

SUBDIVISION: _____ LOT _____, BLOCK _____, FILING (UNIT) _____

Optional GPS Location: GPS Unit must use the following settings: Format must be UTM, Units Easting: 503792 must be meters, Datum must be NAD83, Unit must be set to true N, Zone 12 or Zone 13 Northing: 4145470

STREET ADDRESS AT WELL LOCATION:

4. PUMP DATA: Type: Submersible Date Installed: 6/12/07Pump Manufacturer: Myers Pump Model No. S 15-10Design GPM: 10 at RPM 3450 HP 1.5 Volts 230 Full Load Amps 11.5Pump Intake Depth: 13 Feet, Drop/Column Pipe Size 1" Inches, Kind of Drop Pipe PVC Sch 120ADDITIONAL INFORMATION FOR PUMPS GREATER THAN 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 Reading6. TEST DATA: check box if Test Data is submitted on Supplemental Form.Date: 6/12/07 6/12/07 6/12/07 6/12/07Total Well Depth: 14 ft. Time: 12:07 12:37 12:07 12:37Static Level: 5 ft. Rate (gpm): 10 10 10 10Date Measured: 6/12/07 Pumping Level (ft): 5 5 5'6" 5'6"7. DISINFECTION: Type H+H Granuels Amt. Used 6 CUPS8. Water Quality analysis available: Yes No If yes, please submit with this report.9. Remarks: Gallery well, Total volume of water unknown

10. I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed and certified in accordance with Rule 17.4 of the Water Well Construction Rules, 2 CCR 402-2. [The filing of a document that contains false statements is a violation of section 37-91-108(1)(e), C.R.S., and is punishable by fines up to \$5000 and/or revocation of the contracting license.]

Company Name:

OSO Springs Drilling + well Service Phone: (710) 738 3580 License Number: 1416

Mailing Address:

601 S Hendren Walsenburg CO 81089

Signature:

Octave G. Blouin

Print Name and Title

Octave G. Blouin Pump Installer

Date

6/13/07