Form No.	STATE OF COLORADO			Office Use Only				
GWS-44	OFFICE OF THE STATE ENGINEER							
5/2024 Page	1313 Sherman St., Room 821, Denver, CO 80203 Phone: (303) 866-3581 Website: https://dwr.colorado.gov/							
1 of 3	Email to: dwrpermits							
RESIDENTIAL Water Well Permit Application				1				
	ise this form to apply for							
	m instructions prior t							
1. Applicant Information				6. Use Of Well (check applicable boxes)				
Name of Applicant(s)				See instructions to determine use(s) for which you may qualify				
				☐ A. Ordinary household use in one single-family dwelling (no outside use)				
Mailing address								
City State Zip Code			Zin Codo	D. Ordinary have shall use in 1 to 2 single family dwellings:				
City		State Zip Code		☐ B. Ordinary household use in 1 to 3 single-family dwellings:  Number of dwellings:				
Telephone # (area code & number)		E-mail (online filing required)						
				☐ Home garden/lawn irrigation, not to exceed one acre:  area irrigated ☐ sq. ft. ☐ acre				
2. Type Of Application (check applicable boxes)								
☐ Construct new well ☐ Change source (aquifer)								
☐ Replace existing well		☐ Reapplication (expired permit)		☐ Domestic animal and poultry watering (non-commercial)				
	☐ Use existing well ☐ Rooftop precipitation collection		ion collection	☐ C. Livestock watering (on farm/ranch/range/pasture)				
☐ Change or increase use ☐ Other:			C. Livestock watering (of family afficilitating expasture)					
3. Refer To (if applicable)			7. Well Data (proposed)					
Well permit #		Water Court case #		Maximum pumping rate GP	М	Annual amount to be	e withdrawn acre-feet	
Designated Bas	in Determination #	Well name or #				Aguifor		
Designated Basin Determination # Well name or #		vveii name or #		Total Depth		Aquifer		
4. Location Of Proposed Well (SEE INSTRUCTIONS)  Property address (Include City, State, Zip) □ Check if well address is same as Item 1				8. Water Supplier				
				Is this parcel within boundaries		a water service area	₃? □YES □ NO	
County				If yes, provide name of supplied 9. Type Of Sewage Sys		`		
Rule 6.2.3 ☐ Yes ☐ No				3. Type Of Sewage Sys	ten	•	_	
(see instruction for information)    Section   Township   N or S   Range   E or W   P.M.				☐ Septic tank / absorption leach field				
1/4 of the1/4				☐ Central system: District name				
Preferred location format: GPS well location information in UTM format. The				☐ Vault: Location sewage to be hauled to:				
following GPS settings are required: Format must be UTM. Units must be in meters. Datum must be NAD83. Unit must be set to true north.  □ Zone 12 or □ Zone 13.				☐ Other (explain)				
				10. Proposed Well Driller License # (optional):				
				11. Sign or Enter Name of Applicant(s) or Authorized Agent				
Easting:				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				
Northing:								
Optional Location Information (must be provided if GPS location is not								
provided above and Rule 6.2.3 does not apply): distances from section lines:				contents thereof and state that		•	-	
feet from the $\square$ N. or $\square$ S. Line,				Sign or enter name(s) of person(s)	subn	nitting application	Date (mm/dd/yyyy)	
feet from the $\square$ E. or $\square$ W. Line								
5. Parcel On Which Well Will Be Located				If signing print name				
(You must attach a current deed for the subject parcel)								
A. You must check and complete <i>one</i> of the following:				Title			_	
□ Subdivision: Name				Title				
☐ County exemption (attach copy of county approval & survey)								
Name/#Lot #				Office Use Only				
☐ Parcel less than 35 acres, not in a subdivision attach a deed with metes				Office ode offing				
& 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 (1/4 of the 1/4 is required)								
☐ 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 ow	ner of this parcel? If no, list	owner.	1				
	☐ YES ☐ NO _							
D. Will this be	the only well on this parcel?	☐ YES ☐ NO (if no – list o	ther wells)					
E. Parcel ID#	(optional):							