

**Ground Water Commission
State of Colorado
Final Permit No. 10291-RFP
KIOWA-BIJOU DESIGNATED GROUND WATER BASIN**

Priority Date: September 15, 1951
Use(s): IRRIGATION
Name of Claimant: ELENA THEOS
Permitted Well Location: SW 1/4 of the NE 1/4 at a point 2070 feet from the North Section Line and 2540 feet from the East Section Line of Section 34, Township 3 South, Range 62 West of the Sixth Principal Meridian.

Maximum annual volume of appropriation: 205 acre-feet
Maximum pumping rate: 350 gallons per minute
Number of acres which may be irrigated: 82 acres
Totalizing Flow Meter: Meter may be required
Description of acres irrigated or place of use: W1/2 of the NE1/4 of Section 34, Township 3 South, Range 62 West
Aquifer(s): QUATERNARY ALLUVIUM

Done this 13th day of March, 2012

Dick Wolfe

Dick Wolfe
State Engineer
State of Colorado

By: Keith Vander Horst

Keith Vander Horst, P.E.
Designated Basins Team Leader

Receipt No.: 9001331

Basin: KIOWA-BIJOU

Permit Number 10291-R

Owner THEOS ELENA
Address P O BOX 605
STRASBURG CO 80136
Phone (h) (303) 622-9576
(w)

Priority date: 9-15-1951 / 9/30/1951
Use: IRRIGATION
Depth: 60' 50"
Aquifer(s): QUATERNARY ALLUVIUM
Meter Required: No
Expanded Acres: No
Commingle / APD No

Reg 584 Div: 8
Reg/SBU Co: 1
Reg WD: 1
Geocheck MD: 7
silent DB: 2
silent Grp: 11
silent

WELL LOCATION: SW 1/4 NE 1/4, Section 34, Township 3 S, Range 62 W PM: S
2070 feet from the N section line, 2540 feet from the E section line.

chg loc 2007
chg loc 2007

UTM Coordinates: Easting: Northing:
Latitude/Longitude: Latitude: Longitude:

PERMIT STATISTICS: 205 Acre-feet/year, 2.5 AF/Ac calc 350 G.P.M., Reg/SBU 82 Acres chg of Desc

Description of Acres Irrigated:

W1/2 of the NE1/4 of Section 34, Township 3 South, Range 62 West

chg of Desc 5/17/2007

Date Completed: Date Issued 4/4/1960, Beneficial Use expiration date 7/1/1973, First Use Date 9/15/1951

Associated permits and notes

Initials Date

EXPANDED ACRES: Priority Date: The priority is date of Application First Use Other
0 Acre-feet/year, Additional Acres Description of Additional Acres Total Acres:

Initials Date

ALTERNATE POINT: Permits

Acre-feet/year Acres Description of acres

Initials Date

FINAL PERMIT EVALUATION CHECKLIST

- SBU received: 12/10/1982
Evaluated Initials HIE Date 8/5/10
Clarified Initials Date
Date Entered Initials Date

OK-RVH
9-9-2011

Form No. GWS-11 08/2016	COLORADO DIVISION OF WATER RESOURCES DEPARTMENT OF NATURAL RESOURCES 1313 Sherman St., Ste 821, Denver CO 80203 (303) 866-3581 dwrpermitsonline@state.co.us	For Office Use Only
CHANGE IN OWNER NAME/MAILING ADDRESS		
PRIOR TO COMPLETING THIS FORM, SEE INSTRUCTIONS ON REVERSE SIDE INCOMPLETE, POOR QUALITY, OR ILLEGIBLE FORMS CANNOT BE PROCESSED AND WILL BE RETURNED		
Name, address and phone number of person claiming ownership of the well permit:		
Name(s): <u>HEIS, LLC - Justin Hammer, Member</u>		
Mailing Address: <u>30616 Bryant Drive</u>		
City, St. Zip: <u>Evergreen, CO 80439</u>		
Phone: (<u>925</u>) <u>886</u> - <u>9272</u> Email: <u>justinhammerrevivid@gmail.com</u>		
Well Permit Number: <u>10291</u> Receipt Number: <u>9001331</u> Case Number (optional): _____		
WELL LOCATION: County: <u>Adams</u> Well Name or # (optional): _____		
<u>57700 E 24th Avenue</u> Street Address at Well Location		<u>Strasburg</u> <u>CO</u> <u>80136</u> City State Zip
<input type="checkbox"/> Check if well address is same as owner's mailing address		
<u>SW</u> 1/4 of the <u>NE</u> 1/4, Sec. <u>34</u> , Township <u>3.0</u> <input type="checkbox"/> N. or <input checked="" type="checkbox"/> S., Range <u>62.0</u> <input type="checkbox"/> E. or <input checked="" type="checkbox"/> W., <u>Sixth</u> P.M.		
Distance from Section Lines: <u>2070</u> Ft. from <input checked="" type="checkbox"/> N. or <input type="checkbox"/> S. Line, <u>2540</u> Ft. from <input checked="" type="checkbox"/> E. or <input type="checkbox"/> W. Line.		
Subdivision Name (if applicable): _____, Lot _____, Block _____, Filing/Unit _____		
NOTE: If changing/correcting the permitted location of a well, use Form No. GWS-42.		
I (we) claim and say that I am (we are) the owner(s) of the well permit described above, know the contents of the statements made herein, and state that they are true to my (our) knowledge. This filing is made pursuant to C.R.S. 37-90-143.		
Signature(s) of the New Owner _____	Please print the Signer's Name & Title _____	Date _____
It is the responsibility of the new owner of this well permit to complete and sign this form. If an agent is signing or entering information, please see instructions. Please allow 4 to 6 weeks for processing of this form. Thereafter, you can view or print the accepted document at: http://www.dwr.state.co.us/WellPermitSearch		
Signature of DWR staff indicates acceptance as a Change in Owner Name and/or Mailing Address.		
For Staff Use Only		
Staff Signature _____		Date _____