

*Submit original plus three copies*

<input type="checkbox"/> District Court Water Division _____, Colorado Court Address: _____  <hr/> <b>CONCERNING THE APPLICATION FOR WATER RIGHTS OF:          Applicant:</b>  <b>IN _____ COUNTY.</b>	<b>▲ COURT USE ONLY ▲</b>
If Represented by an Attorney, Attorney's Name and Address:  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____  Division _____ Courtroom _____
<b>APPLICATION FOR UNDERGROUND WATER RIGHT</b>	

1. Name, address, telephone number(s) (residence and business) of applicant(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Name(s) of well(s) and permit, registration, or denial number(s). (If permit applied for, but not acted upon, give date of permit application.)

\_\_\_\_\_

3. Legal description of well (include distance and bearing from established government section corner or quarter corner; or distances from section lines, and indicate 1/4 1/4, section number, township, range and meridian; include map). The location may include UTM coordinates based on zone 13 and NAD27 (CONUS) datum. In urban areas, include street address, lot, block, and subdivision:

<b>Required Description:</b> County	_____ 1/4 of the	_____ 1/4	Section	Township N or S <input type="checkbox"/> <input type="checkbox"/>	Range E or W <input type="checkbox"/> <input type="checkbox"/>	Principal Meridian
Distance from section lines (section lines are typically not property lines) _____ Feet from <input type="checkbox"/> N <input type="checkbox"/> S and _____ Feet from <input type="checkbox"/> E <input type="checkbox"/> W						
Street Address: _____						
Subdivision:	Lot	Block				

**Optional Additional Description:** GPS 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) and; Units must be set to true north.

Were points averaged? <input type="checkbox"/> YES <input type="checkbox"/> NO	Northing _____ Easting _____
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4. A. Source: \_\_\_\_\_

B. Depth: \_\_\_\_\_

5. A. Date of appropriation: \_\_\_\_\_

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- B. How appropriation was initiated: \_\_\_\_\_
- C. Date water applied to beneficial use: \_\_\_\_\_
6. Amount claimed: \_\_\_\_\_ gpm     Absolute                       Conditional
7. If well is non-tributary:
- A. Name of Aquifer: \_\_\_\_\_
- B. Amount claimed in acre feet annually: \_\_\_\_\_
8. Proposed use:
- A. If irrigation, complete the following:
- (1) Number of acres historically irrigated \_\_\_\_\_
- (2) Total number of acres proposed to be irrigated \_\_\_\_\_
- (3) The legal description of the land irrigated. \_\_\_\_\_
- \_\_\_\_\_
- (4) Area of lawns and gardens irrigated \_\_\_\_\_
- B. If non-irrigation, describe purpose fully:
- \_\_\_\_\_
9. Name(s) and address(es) of owner(s) of the land upon which any structure is or will be located, upon which water is or will be stored, or upon which water is or will be placed to beneficial use:
- \_\_\_\_\_
10. Remarks:
- \_\_\_\_\_

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\_\_\_\_\_  
Signature of Applicant (or Attorney)

\_\_\_\_\_  
Address of Applicant

\_\_\_\_\_  
Telephone No. \_\_\_\_\_

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I, \_\_\_\_\_, state under oath that I have read this application and verify its content.

\_\_\_\_\_  
Applicant

Subscribed and affirmed, or sworn to before me in the County of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public