

Colorado Division of Water Resources

Colorado's Well Permit Search

Well Constructed

Last Refresh: 6/17/2013 12:00:45 AM

| | | | |
|--------------------------|----------------------|-----------------------------|------------------|
| Receipt: | 3651952 | Division: | 1 |
| Permit #: | 286520- - | Water District: | 49 |
| Well Name / #: | | County: | CHEYENNE |
| Designated Basin: | NORTHERN HIGH PLAINS | Management District: | EASTERN CHEYENNE |

Case Number:**WDID:**

[-] Applicant/Owners History

| Date Range | Applicant/Owner Name | Address | City/State/Zip |
|-------------------|------------------------------|---|---------------------------|
| Unknown - Present | SPAINHOWER BURL EDWARD TRUST | SANDRA J SPAINHOWER TRUST 6367 CR 44 | CHEYENNE WELLS, CO 80810- |

[-] Location Information

Approved Well Location:

Q40 Q160 Section Township Range PM Footage from Section Lines

NE NE 30 15.0S 44.0W Sixth 111 N 244 E

Northing (UTM y): 4289398.0 **Easting (UTM x):** 728518.0**Location Accuracy:** User supplied

Physical Address

City/State/Zip

Subdivision Name

Filing Block Lot

Parcel ID:

Acres in Tract: 40

[-] Permit Details

Date Issued: 08/23/2011 Date Expires: 08/23/2013

Use(s): DOMESTIC
STOCK

Special Use:

Aquifer(s): OGALLALA

Area which may be irrigated: 1 ACRES
Maximum annual volume of appropriation:
Statute:

Permit Requirements: Totalizing Flow Meter Geophysical Log Abandonment Report

No No No

Cross Reference

Permit(s):

Permit Number Receipt Description

Comments:

[-] Construction/Usage Details

Well Construction Date: 11/14/2011 Pump Installation Date: 11/23/2011

Well Plugged: 1st Beneficial Use:

| Elevation | Perforated Casing (Top) | Perforated Casing (Bottom) | Static Water Level | Pump Rate |
|-----------------------|-------------------------|----------------------------|----------------------------------|--------------|
| 305 | 285 | 35 | 283 | 15 |
| | Lic # | Name | Address | Phone Number |
| Driller | 859 | KEMP, GEORGE | BOX 414 CHEYENNE WELLS, CO 80810 | 719-767-5722 |
| Pump Installer | 859 | KEMP, GEORGE | BOX 414 CHEYENNE WELLS, CO 80810 | 719-767-5722 |

[-] Application/Permit History

Pump Installation Report Received 12/13/2011

Well Construction Report Received 12/13/2011

Pump Installed 11/23/2011

Well Constructed 11/14/2011

Permit Issued 08/23/2011

Application Received 08/19/2011

[-] Imaged Documents

Document Name Date Imaged Annotated

[Pump Installation & Test](#) 01/05/2012 No

[Well Construction & Test](#) 01/05/2012 No

[Original File](#) 08/31/2011 No

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FORM NO.
GWS-31
04/2005

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

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DEC 13 2011

WATER RESOURCES
STATE ENGINEER
COLO.

286520

1. WELL PERMIT NUMBER: 286520
2. WELL OWNER INFORMATION
NAME OF WELL OWNER: Burl Edward Spainhower trust
MAILING ADDRESS: 6367 CR 47
CITY: Cheyenne Wells STATE: CO ZIP CODE: 80810
TELEPHONE NUMBER: (719) 767-5990

3. WELL LOCATION AS DRILLED: NE 1/4, NE 1/4, Sec. 30, Twp. 15 N or S, Range 44 E or W
DISTANCES 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 must be **meters**, Datum must be **NAD83**, Unit must be set to **true N**, Zone 12 or Zone 13
Owner's Well Designation: _____
Easting: 0728640
STREET ADDRESS AT WELL LOCATION: _____ Northing: 4289570

4. GROUND SURFACE ELEVATION _____ feet
DATE COMPLETED 11-14-11 TOTAL DEPTH 305 DRILLING METHOD Mud Rotary
feet DEPTH COMPLETED 305 feet

5. GEOLOGIC LOG:

| Depth | Type | Grain Size | Color | Water Loc. |
|---------|------------------------|----------------|-------|------------|
| 0-15 | clay | | | |
| 15-55 | sand partly | sand | | |
| 55-70 | sandy clay | | | |
| 70-90 | sand + gravel | | | |
| 90-180 | sand + gravel | w/ clay strips | | |
| 180-215 | clay | | | |
| 215-225 | sand + gravel | | | |
| 225-240 | sand + gravel | w/ clay strips | | |
| 240-267 | clay | | | |
| 267-275 | sand + gravel | | | |
| 275-283 | clay | | | 283 |
| 283-290 | sand + gravel | | | |
| 290-297 | clay | | | |
| 297-300 | sand | | | |
| 300-305 | shale | | | |

6. HOLE DIAM (in.)

| | From (ft) | To (ft) |
|----|-----------|---------|
| 11 | 0 | 20 |
| 8 | 20 | 305 |

7. PLAIN CASING:

| OD (in) | Kind | Wall Size (in) | From (ft) | To (ft) |
|---------|-------|----------------|-----------|---------|
| 6 7/8 | steel | .188 | 0 | 19 |
| 5 1/2 | PVC | .265 | 19 | 285 |

PERFORATED CASING: Screen Slot Size (in):

| | From (ft) | To (ft) |
|----------------|-----------|---------|
| 5 1/2 PVC .265 | 285 | 305 |

8. FILTER PACK:
Material gravel
Size 1/8"
Interval 41-305

9. PACKER PLACEMENT:
Type _____
Depth _____

10. GROUTING RECORD

| Material | Amount | Density | Interval | Placement |
|-------------|--------|---------|----------|-----------|
| neat cement | 12 sac | 6 gal | 0-41 | trace |

Remarks: _____

11. DISINFECTION: Type Clorox Amt. Used 1 gal

12. WELL TEST DATA: Check box if Test Data is submitted on Form Number GWS 39 Supplemental Well Test.
TESTING METHOD sub
Static Level 283 ft. Date/Time measured: 11-14-11 Production Rate 15 gpm.
Pumping Level 305 ft. Date/Time measured _____ Test Length (hrs) 1
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: Kemps Well Service Phone: (719) 767-5722 License Number: 859
Mailing Address: P.O. Box 414 Cheyenne Wells CO 80810
Signature: George Kemp Print Name and Title: George Kemp Owner Date: 12-3-11

OFFICE OF THE STATE ENGINEER
COLORADO DIVISION OF WATER RESOURCES

818 Centennial Bldg., 1313 Sherman St., Denver, Colorado 80203
(303) 866-3581

WELL PERMIT NUMBER 286520
DIV. 8 WD 49 DES. BASIN 1 MD 8

APPLICANT

BURL EDWARD SPAINHOWER TRUST
SANDRA J SPAINHOWER TRUST
6367 CR 44
CHEYENNE WELLS, CO 80810-

(719) 767-5980

APPROVED WELL LOCATION

CHEYENNE COUNTY
NE 1/4 NE 1/4 Section 30
Township 15 S Range 44 W Sixth P.M.

DISTANCES FROM SECTION LINES

Ft. from Section Line
Ft. from Section Line

UTM COORDINATES (Meters, Zone: 13, NAD83)

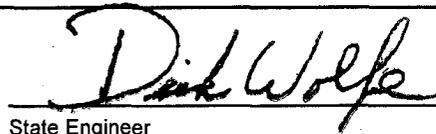
Easting: Northing:

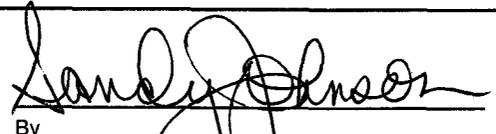
PERMIT TO CONSTRUCT A WELL

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 37-90-105 for a well on a tract of land of 40 acres described as the NE1/4 of the NE1/4 of Section 30, Township 15 South, Range 44 West of the 6th P.M., Cheyenne County.
- 4) The pumping rate of this well shall not exceed 30 GPM.
- 5) The annual withdrawal of ground water from this well shall not exceed 3 acre-feet.
- 6) The irrigated area shall not exceed 1 acre of lawn and garden.
- 7) Water from this well may be used for the watering of livestock on range and pasture.
- 8) Production is limited to the Ogallala aquifer. Plain casing must be installed and grouted to prevent diversion of water from other zones.
- 9) Pursuant to Rule 6.2.3 of the Water Well Construction Rules, the well construction contractor shall submit the as-built well location on work reports required by Rule 17.3 within 60 days of completion of the well. The measured location must be accurate to 200 feet of the actual location. The location information must include a GPS location (UTM coordinates) pursuant to the Division of Water Resources' guidelines.

APPROVED
SMJ


State Engineer


By

Receipt No. 3651952

DATE ISSUED 08-23-2011

EXPIRATION DATE 08-23-2013

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

Office Use Only **RECEIVED** Form GWS-44 (07/2009)
 AUG 19 2011
 WATER RESOURCES
 STATE ENGINEER
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RESIDENTIAL Note: Also use this form to apply for livestock watering
Water Well Permit Application
 Review form instructions prior to completing form.
 The form must be completed in black or blue ink or typed.

1. Applicant Information
 Name of applicant
BURL EDWARD SPAINHOWER TRUST
SANDRA J SPAINHOWER TRUST
 Mailing address
6367 CO RD 44
 City **CHEYENNE WELLS** State **CO** Zip code **80810**
 Telephone # **(719) 767-5980** E-mail (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)

2. Type Of Application (check applicable boxes)
 Construct new well Change source (aquifer)
 Replace existing well Reapplication (expired permit)
 Use existing well Rooftop precip. collection
 Change or increase use Other:

7. Well Data (proposed)
 Maximum pumping rate **30** gpm Annual amount to be withdrawn **3** acre-feet
 Total depth **300** feet Aquifer **ogalla**

3. Refer To (if applicable)
 Well permit # _____ Water Court case # _____
 Designated Basin Determination # _____ Well name or # _____

8. Water Supplier
 Is this parcel within boundaries of a water service area? YES NO
 If yes, provide name of supplier:

4. Location Of Proposed Well (Important! See Instructions)
 County **Cheyenne** **NE** 1/4 of the **NE** 1/4
 Section **30** Township **15** N or S Range **44** E or W Principal Meridian **6th**
 Distance of well from section lines (section lines are typically not property lines)
 Ft. from N S Ft. from E W
 For replacement wells only - distance and direction from old well to new well
 feet direction
 Well location address (Include City, State, Zip) Check if well address is same as in Item 1.

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)

Optional: GPS well location information in UTM format. GPS unit settings are as follows:
 Format must be UTM
 Zone 12 or Zone 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

10. Proposed Well Driller License #(optional): **859**

5. Parcel On Which Well Will Be Located (YOU MUST ATTACH A CURRENT DEED FOR THE SUBJECT PARCEL)
 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, and a current deed
 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 **40** C. Are you the owner of this parcel?
 YES NO (if no - see instructions)
 D. Will this be the only well on this parcel? YES NO (if no - list other wells)
unregistered well will be abandoned
 E. State Parcel ID# (optional):

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.
 Sign here (Must be original signature) _____ Date **8-18-2011**
Sandra J Spainhower POA
 Print name & title
BURL EDWARD SPAINHOWER TRUST
SANDRA J SPAINHOWER TRUST

Office Use Only
 USGS map name _____ DWR map no. _____ Surface elev. _____

Receipt area only

AQUAMAP
 WE
 WR
 CWCB
 TOPO
 MYLAR
 SB5
 Transaction #: **3651952**
 Date: **8/19/2011 2:20:25 PM**
 Transaction Total: **\$100.00**
 CHECK #1743 **\$100.00**
 DIV **8** WD **49** BA **1** MD **8**

BARGAIN AND SALE DEED

Burl E. Spainhower, also known as **Burl Edward Spainhower**, and **Sandra J. Spainhower**, husband and wife, for the consideration of ten dollars and other good and valuable consideration, in hand paid, hereby sell and convey to the **Burl Edward Spainhower Trust**, dated July 15, 2010, an undivided one-half, and to the **Sandra J. Spainhower Trust**, dated July 15, 2010, an undivided one-half, the following real property in the County of **Cheyenne** and State of Colorado, to wit:

TOWNSHIP 12 SOUTH, RANGE 41 WEST OF THE 6TH P.M.:

Section 6: All

TOWNSHIP 13 SOUTH, RANGE 42 WEST OF THE 6TH P.M.:

Section 16: All

TOWNSHIP 13 SOUTH, RANGE 43 WEST OF THE 6TH P.M.:

Section 18: All

TOWNSHIP 15 SOUTH, RANGE 44 WEST OF THE 6TH P.M.:

Section 7: N½

Section 18: NW¼

Section 29: All

Section 30: All

Section 31: All

Section 32: NW¼, E½

TOWNSHIP 16 SOUTH, RANGE 44 WEST OF THE 6TH P.M.:

Section 6: W½NE¼, E½NW¼

TOWNSHIP 12 SOUTH, RANGE 45 WEST OF THE 6TH P.M.:

Section 32: All

TOWNSHIP 13 SOUTH, RANGE 45 WEST OF THE 6TH P.M.:

Section 4: All

Section 6: All

TOWNSHIP 15 SOUTH, RANGE 45 WEST OF THE 6TH P.M.:

Section 4: E½

Section 10: S½, NW¼

Section 12: E½

Section 15: N½

TOWNSHIP 14 SOUTH, RANGE 46 WEST OF THE 6TH P.M.:

Section 2: NW¼

Section 11: SW¼

TOWNSHIP 15 SOUTH, RANGE 46 WEST OF THE 6TH P.M.:

Section 6: N½

TOWNSHIP 14 SOUTH, RANGE 48 WEST OF THE 6TH P.M.:

Section 4: NW¼

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AUG 19 2011

WATER RESOURCES
STATE ENGINEER
COLO.

| | |
|-----------------------|---------|
| STATE DOCUMENTARY FEE | |
| Date | 7-19-10 |
| \$ | None |

**NO REAL PROPERTY
TRANSFER DECLARATION
ACCOMPANIED THIS DOCUMENT**

| | | |
|-------------------------------|--|--|
| FORM NO. GWS-32 08/2008 | 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 RECEIVED DEC 13 2011 WATER RESOURCES STATE ENGINEER COLO. |
|-------------------------------|--|--|

1. WELL PERMIT NUMBER: 286520

2. WELL OWNER INFORMATION

NAME OF OWNER Burl Edward Spainhower Trust

MAILING ADDRESS 6367 CR44

| | | |
|----------------------------|-----------------|-----------------------|
| CITY <u>cheyenne wells</u> | STATE <u>CO</u> | ZIP CODE <u>80810</u> |
|----------------------------|-----------------|-----------------------|

TELEPHONE # (719) 767-5980

3. WELL LOCATION AS DRILLED: NE 1/4, NE 1/4 Sec. 30, Twp. 15 N or S, Range 44 E or W

DISTANCES 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: 0728640 must be **meters**, Datum must be **NAD83**, Unit must be set to **true N**, Zone 12 or Zone 13 Northing: 4289570

STREET ADDRESS AT WELL LOCATION: _____

4. PUMP DATA: Type: sub Date Installed: 11-23-11

Pump Manufacturer: Goulds Pump Model No. 136520

Design GPM: 13 at RPM 3450 HP 2 Volts 230 Full Load Amps 11

Pump Intake Depth: 304 Feet, Drop/Column Pipe Size 1 1/4 Inches, Kind of Drop Pipe PVC sch 120

ADDITIONAL 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 Reading _____

6. TEST DATA: check box if Test Data is submitted on Supplemental Form.

Date: 11-23-11

Total Well Depth: 305 ft. Time: _____

Static Level: 283 ft. Rate (gpm): 15

Date Measured: 11-23-11 Pumping Level (ft): 304

7. DISINFECTION: Type chlorox Amt. Used 1 gal

8. Water Quality analysis available: Yes No If yes, please submit with this report.

9. Remarks: _____

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: <u>Kemps Well Service</u> | Phone: <u>(719) 767-5722</u> | License Number: <u>859</u> |
| Mailing Address: <u>P.O. Box 414 cheyenne wells, CO 80810</u> | | |
| Signature: <u>George Kemp</u> | Print Name and Title: <u>George Kemp owner</u> | Date: <u>12-3-11</u> |