

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

## MONITORING/OBSERVATION

### Water Well Permit Application

Review instructions on reverse side prior to completing form.  
The form must be completed in black or blue ink or typed.

#### 1. Well Owner Information

Name of well owner  
**WELLINGTON WATER WORKS, LLC**

ATTN: **RICHARD SEAWORTH**

Mailing address

**P.O. BOX 719**

City

**WELLINGTON**

State

**CO**

Zip code

**80549**

Telephone #

**(970) 568-3604**

#### 2. Type Of Application (check applicable boxes)

- ☐ Use existing well ☐ Replacement for existing monitoring well:  
☒ Construct new well Permit no.:  
☐ Other:

#### 3. Refer To (if applicable)

Monitoring hole acknowledgment

**MH- 45868**

Well name or #

**050-B**

#### 4. Location Of Proposed Well

County

**LARIMER**

**NE** 1/4 of the **NW** 1/4

Section

**17**

Township

**9**

N or S

☒ N ☐ S

Range

**68**

E or W

☐ E ☒ W

Principal Meridian

**6**

Distance of well from section lines (section lines are typically not property lines)

**50** Ft. from ☒ N ☐ S **1515** Ft. from ☐ E ☒ W

For replacement wells only - distance and direction from old well to new well

feet

direction

Well location address (if applicable)

Optional: GPS well location information in UTM format  
You must check GPS unit for required settings 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

#### 5. Property Owner Information

Name of property owner

**RICHARD SEAWORTH**

Mailing address

**3218 EAST CR 70**

City

**WELLINGTON**

State

**CO**

Zip Code

**80549**

Telephone #

**(970) 568-3288**

Office Use Only

Form GWS-46 (02/2005)

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#### 6. Use Of Well

Use of this well is limited to monitoring water levels  
and/or water quality sampling

#### 7. Well Data (proposed)

Total depth

**60.5**

feet

Aquifer

**ALLUVIUM**

#### 8. Consultant Information (if applicable)

Name of contact person

**PAUL STONE**

Company name

**STEWART ENVIRONMENTAL CONSULTANTS, Inc.**

Mailing address

**3801 AUTOMATION WAY, SUITE 200**

City

**FORT COLLINS**

State

**CO**

Zip Code

**80525**

Telephone #

**(970) 226-5500**

#### 9. Proposed Well Driller License #(optional):

#### 10. Signature Of Well Owner, Consultant 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)

**Paul Stone**

Date

**2/2/06**

Print name & title

**PAUL STONE, GEOLOGIST**

#### Office Use Only

USGS map name

**Wellington**

DWR map no.

**7I**

Surface elev.

Receipt area only

Transaction #: **3600227 E**  
Date: **2/6/2006 1:2**  
Transaction Total: **\$1,140.00**  
CHECK #32179 **\$1,140.00**

DIV **1** WD **3** BA **MD**