

DBB-21R(CCP) (11/14)

WELL OWNER'S STATEMENT AND REQUEST TO  
CANCEL IRRIGATION USE OF A WELL PERMIT

REPUBLICAN RIVER WATER CONSERVATION DISTRICT (RRWCD)  
WATER ACTIVITY ENTERPRISE SUPPLEMENTAL CONSERVATION  
RESERVE ENHANCEMENT PROGRAM (CREP) FUNDING

COLORADO GROUND WATER COMMISSION  
Room 818 Centennial Building, 1313 Sherman Street, Denver, CO 80203

Form must be  
complete where  
applicable. Type  
or print in BLACK  
INK. No  
overstrikes or  
erasures unless  
initialed.

NOTE: This form should only be used for wells located within the Republican River Basin and the Northern High Plains Designated Ground Water Basin that are enrolling in the RRWCD Water Activity Enterprise Supplemental CREP Funding Program.

I, \_\_\_\_\_, am the entity with the right to use the well with Permit No. \_\_\_\_\_, located in the \_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4 of Section \_\_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_, West of the 6th P.M., and the owner of the land on which this well is located.

As entity with the right to use of this well, I hereby request, conditional on the final acceptance of this permit in the RRWCD Water Activity Enterprise Supplemental CREP Funding Program and, after the 2 year re-vegetation program is complete, that the irrigation use approved by the amended final permit for the well be cancelled and recognize that any water rights associated with this permit and well have been transferred to alternate points of diversion A-1 through B-7 for non-consumptive uses. I understand that a well with no uses must be plugged according to the Water Well Construction Rules upon cancellation and a Well Abandonment Report for the plugged well must be submitted to the Commission.

I hereby affirm that I have read and understand the above statement and the information I have provided is true and correct.

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Applicant: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone.:| \_\_\_\_\_

**For RRWCD Water Activity Enterprise Use Only:**

I, \_\_\_\_\_, as the program administrator, acknowledge that the subject water right has been accepted into the RRWCD Water Activity Enterprise Supplemental CREP Funding Program. I hereby affirm that I have read and understand the above statement and the information I have provided is true and correct.

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Program Administrator \_\_\_\_\_

**Upon completion by RRWCD Water Activity Enterprise, send form to Colorado Ground Water Commission**