

DBB-011 (06/2011)

WAIVER OF CLAIM TO INJURY
COLORADO GROUND WATER COMMISSION
Room 821 Centennial Building, 1313 Sherman Street
Denver, CO 80203

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

NOTE: This form can only be used for wells located within a Designated Ground Water Basin.

I, _____, affirm that I am the present owner of the well with Permit No. _____ located in the _____ 1/4 of the _____ 1/4 of Section _____, Township _____ North/South, Range _____ West of the 6th P.M. As owner of this well, I hereby waive all claim to injury which may arise from the proximity of the well involved in the (check appropriate box):

- new permit application with Receipt No. _____
- replacement application for Permit No. _____
- change of water right application for Permit No. _____
- other (describe) _____

applied for by _____, which is located in the _____ 1/4 of the _____ 1/4 of Section _____, Township _____ North/South, Range _____ West of the 6th P.M.

Signed and dated this _____ day of _____, 20_____.

Signature of Well Owner: _____

Well Owner Name: _____
(Please Print)

Address: _____

City, State & Zip: _____

Telephone No.: _____