

Form No.
GWS-56
08/2016

STATE OF COLORADO
OFFICE OF THE STATE ENGINEER
818 Centennial Bldg., 1313 Sherman St., Denver, CO 80203
(303) 866-3581 dwrpermitsonline@state.co.us

For Office Use Only

NOTICE OF COMMENCEMENT OF EXTRACTION OF RECHARGED GROUND WATER

Insert the Well Permit Number: _____

Name, mailing address and phone number of the well owner:

Name(s): _____

Mailing Address: _____

City, St. Zip: _____

Phone: (_____) _____ - _____ Email: _____

This notice is filed in accordance with Rule 9.5, Notice of extraction of the Denver Basin Artificial Recharge Extraction Rules 2 CCR-402-11.

WELL LOCATION: County: _____ Owner's Well Designation: _____

_____ Street Address at Well Location City State Zip
_____ 1/4 of the _____ 1/4, Sec. _____, Twp. _____ N. or S., Range _____ E. or W., _____ P.M.
Distance from Section Lines: _____ Ft. From N. or S., _____ Ft. From E. or W. Line.

Date of first extraction of ground water: _____.

Use of Ground Water: _____
_____.

I (we) claim and say that I (we) (are) the owner(s) of the well described above and that the commencement of extraction of ground water from this well, lawfully made under the well permit, occurred on the date indicated, and that the statements made herein are true to my (our) knowledge.

Signature(s) of Well Owner(s)	Please print the Signer's Name & Title	Date
_____	_____	_____
_____	_____	_____

It is the responsibility of the owner of this well to complete and sign the form. Signatures of agents are acceptable if an original letter of agency signed by the owner is attached to the form upon its receipt.

This form is required for wells approved under permits issued pursuant to the Denver Basin Artificial Recharge Extraction Rules 2 CCR 402-11 and must be received by the Division of Water Resources within 60 days after commencing the first extraction of artificially recharged water.