

**CO DIVISION OF WATER RESOURCES RECORDS SECTION**

1313 Sherman St., Rm. 821, Denver, CO 80203

Telephone (303) 866-3447; FAX (303) 866-2223 (24 hrs)

**DWR Records Access Hours: 10:00 A.M. to 3:30 P.M.**

**WELL PERMIT REQUEST FORM**

In order to assist us in providing you with timely and efficient service, please try to have all of the information listed below **BEFORE YOU CALL OR WRITE REGARDING AN EXISTING WELL.** This information is necessary in order to do a thorough search for the desired well information.

1. PERMIT NUMBER \_\_\_\_\_

*If you do not have the permit number, then the following information is needed:*

2. SUBDIVISION NAME: \_\_\_\_\_

COUNTY \_\_\_\_\_ LOT # \_\_\_\_\_

BLOCK# \_\_\_\_\_ FILING # (Unit #, Amendment, or Addition #) \_\_\_\_\_

3. 1/4, 1/4, SECTION, TOWNSHIP, RANGE \_\_\_\_\_

4. NAMES OF CURRENT AND ALL PREVIOUS OWNERS (Please have correct spelling.)

\_\_\_\_\_  
\_\_\_\_\_

5. YEAR HOUSE WAS BUILT \_\_\_\_\_ 6. SIZE OF PARCEL \_\_\_\_\_ acres

7. USE OF WELL ( Residential, Commercial, Municipal, Livestock, Irrigation, etc.) \_\_\_\_\_

8. ADDRESS OF PROPERTY \_\_\_\_\_

PLEASE (check one) FAX  MAIL  MY REQUEST TO THE FAX # / ADDRESS BELOW.

DOCUMENTS REQUESTED (Please check all items that you are requesting:)

Well Permit     Well Construction Report / Log     Pump Installation Report

Complete Well Permit File (to include any letters, worksheets, maps, copies of deeds, etc.)

To obtain a copy of well permit file documents, please include a Visa or MasterCard number with the expiration month and year.

Charges: Mailed documents are \$.50/pg, min. \$3.00; Local FAX = \$1.00/pg, min. \$3.00; Long-distance FAX = \$1.50/pg, min. \$3.00. Please indicate below where you would like your request mailed/FAXed, and sign to authorize charges to your credit card. Send your requests to above address or FAX #. Once received by DWR, allow up to 2 weeks to receive your file.

REQUESTOR'S NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DAYTIME PHONE# \_\_\_\_\_ FAX # \_\_\_\_\_

Visa or Mastercard # \_\_\_\_\_ Expires: \_\_\_\_\_

Authorized Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_