

Form No. GWS-11 11/2011	COLORADO DIVISION OF WATER RESOURCES DEPARTMENT OF NATURAL RESOURCES 1313 Sherman St., Ste 821, Denver, CO 80203 Main: (303) 866-3581 Fax: (303) 866-2223 dwrpermitsonline@state.co.us	For Office Use Only Received February 9, 2021
CHANGE IN OWNER NAME/ADDRESS CORRECTION OF THE WELL LOCATION		
Review instructions on the reverse side prior to completing the form.		
Name, address and phone of person claiming ownership of the well permit		
Name(s): <u>Chris W. Eahehart and Julie A. O'Shaughnessy</u>		
Mailing Address: <u>44 Southpark Road</u>		
City, St. Zip: <u>Florissant, CO 80816-8980</u>		
Phone: <u>303-968-7936</u> E-mail Address: _____		
This form is filed by the named individual/entity claiming that they are the owner of the well permit as referenced below. This filing is made pursuant to C.R.S. 37-90-143.		
WELL LOCATION: Well Permit Number: <u>226635</u> Receipt No.: <u>0462162</u> Case Number: _____		
County <u>Teller</u> Well Name or # (optional) _____		
<u>44 Southpark Road, Florissant, CO 80816-8980</u>		
(Address)	(City)	(State) (Zip)
NW 1/4 of the <u>NE</u> 1/4, Sec. <u>31</u> , Twp. <u>13</u> ☐ N. or ☒ S., Range <u>70</u> ☐ E. or ☒ W., <u>Sixth</u> P.M.		
Distance from Section Lines: <u>590</u> Ft. From ☒ N. or ☐ S., <u>1390</u> Ft. From ☒ E. or ☐ W. Line.		
OR: 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. Easting _____ Northing _____		
Subdivision Name <u>Colorado Mtn Estates</u> Lot <u>903A</u> , Block _____, Filing/Unit <u>7</u>		
The above listed owner(s) say(s) that he, she (they) own the well described herein. The existing record is being amended for the following reasons: ☒ Change in name of owner ☐ Change in mailing address ☐ Correction of location for exempt wells permitted prior to May 8, 1972 and non-exempt wells permitted before May 17, 1965. Please see the reverse side for further information regarding correction of the well location.		
I (we) claim and say that I (we) (am) (are) the owner(s) of the well permit described above, know the contents of the statements made herein, and state that they are true to my (our) knowledge.		
Sign or enter the name(s) of the new (owners) 	If signing print name & title Chris W. Eahehart and Julie A. O'Shaughnessy	Date (mm/dd/yyyy) November 20, 2020
It is the responsibility of the new owner of this well to complete and/or sign this form. If an agent is signing or entering information please see instructions.		
Please send confirmation of acceptance of change in owner name/address via: ☐ Email address listed above ☐ US Mail		
Accepted as Change In Owner Name & Address		
Kevin Rein State Engineer	Alex Teitz By	2/11/21 Date