

Form No. GWS-11 11/2011	<b>COLORADO DIVISION OF WATER RESOURCES</b> <b>DEPARTMENT OF NATURAL RESOURCES</b> 1313 Sherman St., Ste 821, Denver, CO 80203 Main: (303) 866-3581 Fax: (303) 866-2223 <a href="mailto:dwpermitsonline@state.co.us">dwpermitsonline@state.co.us</a>	For Office Use Only  <div style="transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;">NOV 09 2015</div> <div style="transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;">NOV 19 2015</div> <div style="font-weight: bold; font-size: 0.8em;">WATER RESOURCES STATE ENGINEER COLO</div>
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>Michele M. Hodde and Kyle A. Hodde</u>		
Mailing Address: <u>15493 Iola Street</u>		
City, St. Zip: <u>Brighton, CO 80602</u>		
Phone _____ Email 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.		
<b>WELL LOCATION:</b> Well Permit Number: <u>199657</u> Receipt No.: <u>0380160</u> Case Number: _____		
County <u>Chaffee</u> Well Name or # (optional) _____		
795 County Road 55 Salida CO 81201 (Address) (City) (State) (Zip)		
NW 1/4 of the NE 1/4, Sec. 1, Twp. 49.0, Range 9.0, New Mexico P.M.		
Distance from Section Lines: <u>1250</u> Ft. From <input checked="" type="checkbox"/> N. or <input type="checkbox"/> S., <u>1600</u> Ft. From <input checked="" type="checkbox"/> E. or <input type="checkbox"/> W. Line.		
OR: GPS well location information in UTM format. You must check GPS unit for required settings as follows: Format must be UTM, <input type="checkbox"/> zone 12 or <input type="checkbox"/> zone 13; Units must be meters; Datum must be NAD83; Unit must be set to true north.		
Easting <u>419657.7</u> Northing <u>4265154.5</u>		
Subdivision Name _____ Lot _____ Block _____ Filing/Unit _____		
The above listed owner(s) say(s) that he, she (they) own the well permit described herein. The existing record is being amended for the following reasons:		
<input checked="" type="checkbox"/> Change in name of owner <input checked="" type="checkbox"/> Change in mailing address <input type="checkbox"/> 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 owner(s) <u>Michele M. Hodde</u> 11/16/15		If signing print name & title Michele Hodde Michele M. Hodde and Kyle A. Hodde
		Date (mm/dd/yyyy) September 25, 2015
It is the responsibility of the new owner of this well permit 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: <input type="checkbox"/> Email address listed above <input type="checkbox"/> US Mail		
 State Engineer		ACCEPTED AS A CHANGE OF OWNERSHIP AND/OR MAILING ADDRESS 11-19-15 By _____ Date _____