

Form No.
GWS-25

OFFICE OF THE STATE ENGINEER
COLORADO DIVISION OF WATER RESOURCES
818 Centennial Bldg., 1313 Sherman St., Denver, Colorado 80203
(303) 866-3581

LIC

APPLICANT

WELL PERMIT NUMBER 053381 F
DIV. 2 WD 11 DES. BASIN MD

Lot: 2 Block: Filing: 4 Subdiv: ELK CROSSING RANCH

ROGER & DEBORAH B CASON
% ROYALTY CUSTOM HOMES
BOX 4660
BUENA VISTA, CO 81211-

(719) 395-8411

APPROVED WELL LOCATION

CHAFFEE COUNTY

SE 1/4 SE 1/4 Section 28

Township 15 S Range 78 W Sixth P.M.

DISTANCES FROM SECTION LINES

1050 Ft. from South Section Line

750 Ft. from East Section Line

PERMIT TO CONSTRUCT A WELL

ISSUANCE OF THIS PERMIT DOES NOT CONFER A WATER RIGHT

CONDITIONS OF APPROVAL

- 1) This well shall be used in such a way as to cause no material injury to existing water rights. The issuance of this permit does not assure the applicant that no injury will occur to another vested water right or preclude another owner of a vested water right from seeking relief in a civil court action.
- 2) The construction of this well shall be in compliance with the Water Well Construction Rules 2 CCR 402-2, unless approval of a variance has been granted by the State Board of Examiners of Water Well Construction and Pump Installation Contractors in accordance with Rule 18.
- 3) Approved pursuant to CRS 37-90-137(2) on the condition that this well is operated in accordance with the Upper Arkansas Water Conservancy District Augmentation Plan approved by the Division 2 Water Court in case no. 92CW84. If this well is not operated in accordance with the terms of said decree, it will be subject to administration including orders to cease diverting water.
- 4) Approved for a well on a residential site of 12 acre(s) described as lot 2, filing 4, Elk Crossing Ranch Subdivision, Chaffee County.
- 5) The use of ground water from this well is limited to ordinary household purposes inside one single family dwelling and irrigation of up to 1,500 square feet of home gardens and lawn.
- 6) The maximum pumping rate of this well shall not exceed 15 GPM.
- 7) The annual withdrawal of ground water from this well shall not exceed 0.391 acre-feet (127,407 gallons).
- 8) The return flow from the use of this well must be through an individual waste water disposal system of the non-evaporative type where the water is returned to the same stream system in which the well is located.
- 9) A totalizing flow meter must be installed on this well and maintained in good working order. Permanent records of all diversions must be maintained by the well owner (recorded at least annually) and submitted to the Division Engineer upon request.
- 10) This well shall be constructed not more than 200 feet from the location specified on this permit.

NOTE: The Augmentation Certificate Number is 0263(2000).

MPS
03/09/2000

APPROVED
MPS

State Engineer

DATE ISSUED

MAR 13 2000

By

EXPIRATION DATE

MAR 13 2001

Receipt No. 0457702E

PUMP INSTALLATION AND TEST REPORT
STATE OF COLORADO, OFFICE OF THE STATE ENGINEER

1. WELL PERMIT NUMBER: 053381-F

2. OWNER NAME (S): ROGER & DEBORAH B CASON

APR 21 2000

Mailing address %ROYALTY CUSTOM HOMES

City, St. Zip BOX 4660 BUENA VISTA, CO 81211

Phone (719)395-8411

GWS 32-94-03

STATE ENGINEER
COLO.

3. WELL LOCATION AS DRILLED: SE 1/4 SE 1/4, Sec. 28 Twp. 15S, Range 78W 6TH
DISTANCES FROM SEC. LINES

1050 ft. from SOUTH Sec. Line and 750 ft. from EAST Sec. line
(north.. south) (east..west)

SUBDIVISION ELK CROSSING RANCH LOT 2 BLOCK FILING(UNIT) 4

STREET ADDRESS AT WELL LOCATION 20155 HIDEOUT LANE, NATHROP CO

4. PUMP DATA Type SUBMERSIBLE Installation Completed 4-13-00

Pump Manufacturer RED JACKET Pump Model No. 75CN-CN12BC

Design GPM 10 at RPM 3450, HP 3/4, VOLTS 230, Full Load Amps 7.2

Pump Intake Depth 145 Feet, Drop/Column Pipe Size 1 Inches, Kind SCHED 80

ADDITIONAL INFORMATION FOR PUMPS GREATER THAN 50GPM

TURBINE DRIVER TYPE Electric Engine Other

Design Head feet, Number of Stages, Shaft Size inches

5. OTHER EQUIPMENT

Airline Installed Yes No, Orifice Depth ft. Monitor Tube Installed Yes No, Depth ft

Flow Meter Mfg HAYS Meter Serial No. 49918820

Meter Readout X Gallons, X Thousand Gallons, X Acre Feet, Beginning Reading 0

6. TEST DATA Check if Test Data is Submitted on Supplemental Form

Date	4-13-00			
Total Well Depth	159	Time	1 HOUR	
Static Level	32	Rate (GPM)	15	
Date Measured	4-13-00	Pumping Level	53	

7. DISINFECTION TYPE: BLEACH Amt. Used 7 CUPS

8. Water Quality Analysis Available, Yes X No

9. Remarks

10. I have read the statements made herein and know the contents thereof and that they are true to my knowledge.
[Pursuant to Section 24-4-104 (13) (a) C.R.S., the making of false statements herein constitutes perjury in the second degree and is punishable as a class 1 misdemeanor.]

CONTRACTOR Mc Coy Drilling Inc.

Mailing Address 1526 H ST., Salida, CO 81201

Lynn A. Dennison /Owner Signature

Lic No. 1145

Phone (719) 539-4164

Date 4-18-00

WELL CONSTRUCTION AND TEST REPORT
STATE OF COLORADO, OFFICE OF THE STATE ENGINEER

APR 21 2000

1. WELL PERMIT NUMBER: 053381-F
2. OWNER NAME (S): ROGER & DEBORAH B CASON
Mailing Address %ROYALTY CUSTOM HOMES
City, St. Zip BOX 4660 BUENA VISTA CO 81211
Phone (719)395-8411

STATE ENGINEER
COLORADO

GWS 32-94-03

3. WELL LOCATION AS DRILLED: SE 1/4 SE 1/4, Sec. 28 Twp. 15S, Range 78W 6TH
DISTANCES FROM SEC. LINES

1050 ft. from SOUTH Sec. Line and 750 ft. from EAST Sec. line
(north.. south) (east..west)

SUBDIVISION ELK CROSSING RANCH LOT 2 BLOCK FILING(UNIT) 4

STREET ADDRESS AT WELL LOCATION 20155 HIDEOUT LANE, NATHROP CO

4. GROUND SURFACE ELEVATION ft. DRILLING METHOD AIR ROTARY

DATE COMPLETED 4-12-00 TOTAL DEPTH 159 DEPTH COMPLETED 159

5. GEOLOGIC LOG

Depth	Description of material (type, size, color, water, location)
0	23 DARK BROWN CLAY & BOULDERS
23	43 SILTY SAND, GRAVEL, & BOULDERS
39	43 (WATER)
43	62 LIGHT BROWN CLAY & GRAVEL
62	65 SAND & GRAVEL (WATER)
65	89 LIGHT BROWN CLAY & GRAVEL
89	93 SAND & GRAVEL (WATER)
93	159 LIGHT BROWN CLAY & SAND

6. HOLE DIAM. (in.) From (ft.) To (ft.)

8.750	0	18
7.375	18	100
5.625	100	159

7. PLAIN CASING

OD (in.)	Kind	Wall Size	From (ft.)	To (ft.)
6.625	STEEL	0.188	1	60
4.500	PLASTIC	0.200	19	99

PERF. CASING	Screen Slot Size	0.030
6.625 STEEL 0.188	60	100
4.500 PLASTIC 0.200	99	159

8. FILTER PACK MATERIAL SIZE
9. PACKER PLACEMENT TYPE

INTERVAL DEPTH:

10. GROUTING RECORD

Material	Amount	Density	Interval	Placement
CEMENT 3 BAGS	18 GAL		18-8 FT	PUMPED

11. DISINFECTION TYPE: BLEACH Amt. Used 7 CUPS

12. WELL TEST DATA: Check line if Test Data is submitted on Supplemental Form

TESTING METHOD: AIR LIFT

Static Level 35 Date/Time measured 4-12-00 4PM Production Rate 15 gpm

Pumping Level 159 Date/Time measured 4-12-00 5 PM Test Length (hrs) 1

Remarks DRILLED WITH TUBEX SYSTEM

13. I have read the statements made herein and know the contents thereof and that they are true to my knowledge. [Pursuant to Section 24-4-104 (13) (a) C.R.S., the making of false statements herein constitutes perjury in the second degree and is punishable as a class 1 misdemeanor.]

CONTRACTOR Mc Coy Drilling Inc
Mailing Address 1526 H Street, Salida, CO 81201
Lynn A. Dennison/President Signature

Lic No. 1145

Phone (719) 539-4164

Date 4-18-00

RECEIVED

MAR 08 2000

COLORADO DIVISION OF WATER RESOURCES
DEPARTMENT OF NATURAL RESOURCES
1313 SHERMAN ST., RM. 818, DENVER CO 80203
phone - info: (303) 866-3587 main: (303) 866-3581

WATER RESOURCES
STATE ENGINEER
COLO.

RESIDENTIAL * (Note: You may also use this form to apply for livestock watering)
Review instructions prior to completing form

Water Well Permit Application
Must be completed in black ink or typed

1. APPLICANT INFORMATION				6. USE OF WELL (check appropriate entry or entries)			
Name of applicant <u>ROGER CASON</u> <u>DEBORAH B. CASON</u>				See instructions to determine use(s) for which you may qualify --			
Mailing Address <u>90 ROYALTY CUSTOM HOMES</u> <u>PO BOX 4660</u>				<input type="checkbox"/> A. Ordinary household use in one single-family dwelling (NO outside use)			
City <u>BUENA VISTA</u>		State <u>CO</u>		Zip code <u>81211</u>		<input checked="" type="checkbox"/> B. Ordinary household use in 1 to 3 single-family dwellings:	
Telephone Number (include area code) <u>719-395-8411</u>				Number of dwellings: <u>1</u>			
2. TYPE OF APPLICATION (check applicable box(es))				<input checked="" type="checkbox"/> Home garden/lawn irrigation, not to exceed 1 acre: area irrigated <u>1500</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acre			
<input checked="" type="checkbox"/> Construct new well <input type="checkbox"/> Use existing well				<input type="checkbox"/> Domestic animal watering -- (non-commercial)			
<input type="checkbox"/> Replace existing well <input type="checkbox"/> Change / Increase Use				7. WELL DATA			
<input type="checkbox"/> Change (source) aquifer <input type="checkbox"/> Reapplication (expired permit)				Maximum pumping rate <u>15</u> gpm		Annual amount to be withdrawn <u>.391</u> acre-feet	
<input type="checkbox"/> Other:				Total depth feet		Aquifer	
3. REFER TO (if applicable):				<input type="checkbox"/> C. Livestock watering (on farm/ranch/range/pasture)			
Water court case # <u>92CW84</u>		Permit #		8. TYPE OF RESIDENTIAL SEWAGE SYSTEM			
Verbal # <u>-VE-</u>		Monitoring hole acknowledgment # <u>MH-</u>		<input checked="" type="checkbox"/> Septic tank / absorption leach field			
Well name or # <u>AUGMENTATION CERTIFICATE #0263</u>				<input type="checkbox"/> Central system			
4. LOCATION OF WELL				District name:			
County <u>CHAFFEE</u>		Quarter/quarter <u>SE 1/4</u>		Quarter <u>SE 1/4</u>		<input type="checkbox"/> Vault	
Section <u>28</u>		Township N or S <u>15</u> <input type="checkbox"/> N <input checked="" type="checkbox"/> S		Range E or W <u>78</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W		Location sewage to be hauled to:	
Principal Meridian <u>6th PM</u>						<input type="checkbox"/> Other (attach copy of engineering design)	
Distance of well from section lines <u>1050</u> ft. from <input type="checkbox"/> N <input checked="" type="checkbox"/> S <u>750</u> ft. from <input checked="" type="checkbox"/> E <input type="checkbox"/> W				9. PROPOSED WELL DRILLER (optional)			
Well location address, if different from applicant address (if applicable)				Name <u>LICENSED</u>		License number	
For replacement wells only - distance and direction from old well to new well				10. SIGNATURE of applicant(s) or authorized agent			
feet direction				The making of false statements herein constitutes perjury in the second degree, which is punishable as a class 1 misdemeanor pursuant to C.R.S. 24-4-104(13)(a). I have read the statements herein, know the contents thereof and state that they are true to my knowledge.			
5. TRACT ON WHICH WELL WILL BE LOCATED				Must be original signature <u>Roger Cason</u>			
A. You must check one of the following - see instructions				Title <u>Owner</u>		Date <u>Feb. 17, 00</u>	
<input checked="" type="checkbox"/> Subdivision: Name <u>ELK CROSSING RANCH</u>				OPTIONAL INFORMATION			
Lot no. <u>2</u> Block no. _____ Filing/Unit <u>4</u>				USGS map name		DWR map no.	
<input type="checkbox"/> County exemption (attach copy of county approval & survey)				Invoice # <u>57782</u>		Surface elev.	
Name/no. _____ Tract no. _____				2/8/00 -- 12:02:23 PM			
<input type="checkbox"/> Mining claim (attach copy of deed or survey)				Office Use Only in any plan		Cashier ID: 01	
Name/no. _____				Check Purchase #1597		DIV <u>2</u>	
<input type="checkbox"/> Other (attach legal description to application)				WD <u>11</u>		BA _____	
B. STATE PARCEL				USE _____		MD _____	
ID# (optional):							
C. # acres in tract <u>12</u>		D. Are you the owner of this property?					
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if no - see detailed inst.)					
E. Will this be the only well on this tract?							
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if other wells are on this tract - see detailed inst.)							

AUGMENTATION CERTIFICATE

Number 0263 (2000)

KNOW ALL MEN BY THESE PRESENTS that:

ROGER CASON & DEBORAH B. CASON

whose address is: 2040 Polk Street, San Francisco, CA 94109-2565

have applied for and paid for the following water rights pursuant to the terms and conditions of Judgment and Decree entered February 18, 1994 in Case No. 92CW84, Water Division No. 2, Colorado:

Well Location: SE ¼ of the SE ¼, Section 28, Township 15 South, Range 78 West, 6th P.M.,
at distances of 1050 ft. from the South section line, and 750 ft. from the East section line.
Lot 2, Filing 4, Elk Crossing Ranch Subdivision
Property Address: Nathrop, Chaffee County, Colorado 81236

Use for which augmentation is granted: Domestic: Single Family Home, 1500 square feet of lawn, ZONE C

Amount of water granted: .100 acre feet

Pursuant to the aforesaid Judgment and Decree and administrative rules and regulations of Upper Arkansas Water Conservancy District (UAWCD) the water right applied for is hereby granted and conveyed to the Applicant on the following terms and conditions:

1. The Applicant shall install a totalizing flow meter to measure the quantity of water flowing from Applicant's water structure (well) and to measure water flowing into Applicant's water structure (pond). A written confirmation of such water flow shall be furnished to UAWCD not less frequently than annually at UAWCD office, 122 West 2nd Street, Salida, Colorado.
2. Applicant shall pay to UAWCD at its office in Salida, Colorado, annually, an amount of \$100.00 as the annual administrative fee. Such fee is due and shall be paid on or before March 15th of each year. UAWCD has the right and authority to increase or decrease such annual administrative fee upon ninety (90) days prior written notice to Applicant at Applicant's address herein, or such other address as Applicant may advise UAWCD in writing. Failure to pay the annual fee shall subject the Applicant to forthwith rescission of this Augmentation Certificate and immediate notice to the State Engineer, Division of Water Resources, that the certificate is no longer valid.
3. Applicant, upon transfer of the real property to which the water right is beneficially applied, shall, within 60 days of such transfer, notify UAWCD in writing of the ownership transfer. Applicant will record this certificate in the office of the clerk and recorder of the county in which the Applicant's real property is situated. This agreement is binding upon the heirs, legal representatives and assigns of the Applicant.

Issued this 18th day of February, 2000.

UPPER ARKANSAS WATER CONSERVANCY DISTRICT

By


Chairman

ATTEST:


Secretary

[SEAL]

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FEB 11 2000

MAR 08 2000

Upper Arkansas Water Conservancy District Augmentation Application 92CW84, 94CW5, 94CW41 and 94CW42

DIVISION ENGINEER
PUEBLO, COLORADOWATER RESOURCES
STATE ENGINEER
COLO.Augmentation Certificate Number 0263 Circle if Application is for a: (Well) or Reservoir.Name ROGER CASON + DEBORAH B. CASONMailing Address % ROYALTY CUSTOM HOMES PO BOX 4660City, State, Zip BUENA VISTA, CO 81211

Business Name if a Business _____

Well or Reservoir Site Address: _____

Subdivision Name ELK CROSSING RANCH Lot Number 2 Block Number _____ Filing Number 4

If Applicable, Previous Augmentation Water Court Case Numbers for the Well _____

Is application for an existing well? No X Yes _____ Well Permit Number _____ Court Case Number _____If existing well has no permit or water court case number for structure, what is the approximate date of construction of the well? Month _____
Day _____ Year _____

Structure ID Number of Well (if applicable) _____

This section is applicable if application is for augmentation coverage and not expansion of use of current permit (600 foot spacing waivers or hearing not required).

Well Owner's Statement and Signature: This application is for augmentation use compliance only and not an expansion of use of current permit.
The historical uses of the well: Number of homes: _____, size of lawn: _____, approximate number of livestock watered: _____, size of crop irrigation: _____, number of commercial businesses served: _____ detailed commercial uses: _____

Other: _____

Signature: _____

Date: _____

All new commercial and expanded commercial use applications will need to submit waivers or notice of hearing for all wells (except for monitoring and observation wells) within 600 foot of the current or proposed well.

Other information that may assist in the processing of this application: _____

Well Information:

Location: SE 1/4, of the SE 1/4, Section 28, Township 15 (N/S), Range 78 (E/W), 6th P.M. Located by distances
from section lines: 1050 ft. from (north or south) sec. line, 750 ft. from (east or west) sec. line.

Area A: Between confluence with S. Fork of Ark. and N. boundary Chaffee Cty.

Area 94CW5: Defined as Cottonwood Creek Drainage

Area B: Between confluence with S. Fork of Arkansas and E. boundary
of Upper Ark. Water District

Area 94CW41: Defined as Chalk Creek

Area C: S. Fork of Ark. River and tributaries

Area 94CW42: Defined as Cherry Creek

Watertypes Available for Irrigation Replacement Areas (circle): (A, B, C, 94CW5, 94CW41 and 94CW42)

RESERVIOR	Twin Lakes	White Ditch	North Fork Native	Thompson Ditch	Fryingpan-Ark
Twin Lakes	<u>(A)</u> B CHALK(94CW41) CHERRY(94CW42)	.	.	.	A B CHALK(94CW41) CHERRY(94CW42)
North Fork	B C	B C	B C		
Cottonwood				COTTONWOOD(94CW5)	

Continued

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Augmentation Certificate Number

0263

Applicant Name

R. CASON

MAR 08 2000

For Reservoir Application:

Reservoir Evaporation Coverage:

Reservoir Elevation _____ ft.

Factors: Elev. over 10,000 = 1.74, Elev. 7,000 to 10,000 = 2.42, Elev. under 7,000 = 2.69
Evaporation Factor (Ft.) X Surface Area (Acres) = Depletion (A.F.)

	X		=	
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WATER RESOURCES
STATE ENGINEER
COLO.

Type	Quantity	Units	Mult. Factor	Depletion (A.F.)	Mult. Factor	Appropriation (A.F.)
In House/Septic	1	Each	0.031	.031	10	.31
In House/Central		Each	0.016		20	
Livestock		Head	0.010		1	
Irrigation (lawns, etc.) Zone A		Acres	2.62		1.18	
Irrigation (lawns, etc.) Zone B		Acres	2.15		1.18	
Irrigation (lawns, etc.) Zone C	.0363	Acres	1.90	.069	1.18	.081
R.V./Central Sewer -No Bath		Space	0.0056		20	
R.V./Septic -No Bath		Space	0.0112		10	
Bath, Laundry/Central Sewer		RV Space	0.0017		20	
Bath, Laundry/Septic		RV Space	0.0034		10	
Motel/Septic		People/Day	1.53×10^{-3}		10	
Motel/Central Sewer		People/Day	7.65×10^{-4}		20	
Office/Septic		People/Day	4.60×10^{-4}		10	
Office/Central		People/Day	2.3×10^{-4}		20	
Other						
Other						
Other						
			Total	.100		.391

Other Information or Calculations:

UAWCD Official:

Date Submitted:

2/10/00

Date Published:

2/18/00

600 foot spacing sent to owner:

☐ Denied: Date: _____ Reason: ☐ Outside of Augmentation Area ☐ Rejected for Lack of Exchange Decrees ☐ Recommend Exchange Decree on this Tributary
☐ Improper Calculations ☐ Improper Augmentation Source ☐ Improper Water Augmentation Type ☐ Other: _____

☒ Approved with conditions:

Other

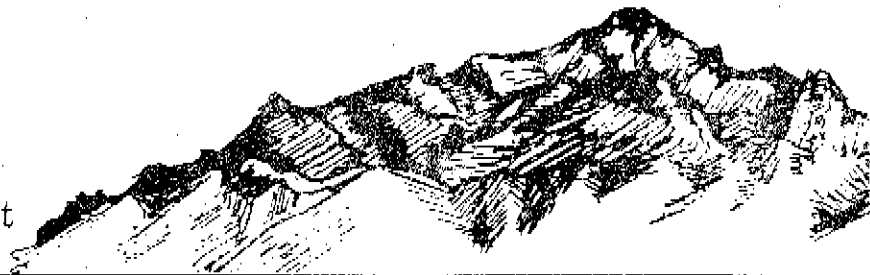
Division Engineer Official:

Dana Kuzin

Date

2-14-00

UPPER ARKANSAS
Water Conservancy District



PHONE: 719-539-5425

FAX 539-7579

P.O. BOX 1090

SALIDA, COLORADO 81201
RECEIVED

Dick Wolfe
Office of the State Engineer
Division of Water Resources
1313 Sherman Street, Rm. 818
Denver, Colorado 80203

MAR 03 2000

WATER RESOURCES
STATE ENGINEER
COLO.

March 2, 2000

Re: CASE 92CW84 & 94CW5 & 94CW41- AUGMENTATION CERTIFICATES

Dear Dick:

We enclose signed well application forms together with a photostatic copy of the Augmentation Certificates in Case 92CW84, Case 94CW5 and 94CW41, Division 2, and together with authorization forms from Steve Witte, Division 2 Engineer, together with a photostatic copy of well permits for existing wells for the following parties:

#0109 - Dennis Bowman & Berverly Bowman
#0199 - Pine Creek Homes, Inc.
#0251 - John Driver & Jo Beth Driver
#0253 - Robert Anderson & Connie Anderson
#0263 - Roger Cason & Deborah Cason
#0520 - Thomas Atwood
#0661 - Dwayne Lane
#0708 - Lawrence Lobacciaro
#0725 - Judith Ann Taylor
#0726 - Pine Creek Homes, Inc.

A check in the amount of \$540.00 is enclosed representing \$60.00 application fee for all the applicants except Pine Creek Homes, Inc. who paid previously - receipt # 452668. We would appreciate new certificates being issued for each of these applicants in accordance with the permit application form enclosed for each party, respectively.

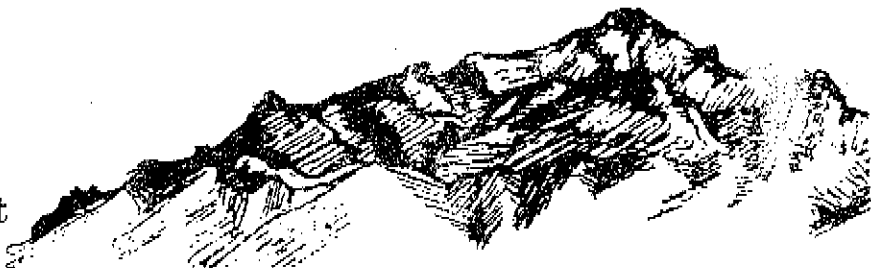
Sincerely,

Ken Baker
General Manager

KB/lf
Enc.

Best Copy Available

UPPER ARKANSAS
Water Conservancy District



PHONE: 719-539-5425

FAX 539-7579

P.O. BOX 1090

SALIDA, COLORADO 81201
RECEIVED

Dick Wolfe
Office of the State Engineer
Division of Water Resources
1313 Sherman Street, Rm. 818
Denver, Colorado 80203

MAR 08 2000

WATER RESOURCES
STATE ENGINEER
COLO.

March 2, 2000

Re: CASE 92CW84 & 94CW5 & 94CW41- AUGMENTATION CERTIFICATES

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Ken Baker
General Manager

KB/lf
Enc.