

To: Division Engineer, Water Division No. 2  
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This form is to be filed in compliance with Rule 13 of the **AMENDED RULES AND REGULATIONS GOVERNING THE DIVERSION AND USE OF TRIBUTARY GROUND WATER IN THE ARKANSAS RIVER BASIN, COLORADO**. This form is limited to **ONE METER ONLY** and must be updated with any changes as they occur. Information obtained through this form is used to determine presumptive depletion factors (PDFs) and well or cistern use.

**THIS FORM IS NOT VALID UNLESS SIGNED.**

**WELL/CISTERN IDENTIFICATION AND AUGMENTATION INFORMATION (MUST Complete the Following):**

Well ID and Suffix: \_\_\_\_\_ Well Permit No.: \_\_\_\_\_ Case or Decree No.: \_\_\_\_\_  
Well Users Association and Farm Unit: \_\_\_\_\_

**CONTACT INFORMATION (MUST Complete the Following):**

**OWNER (IF CHANGED, PROVIDE "CHANGE IN OWNERSHIP/ADDRESS" GWS-11 FORM)**

**USER (IF NOT SAME AS OWNER)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**POWER SUPPLY AND MEASUREMENT (MUST Check One of the Following):**

**SOURCE OF POWER:**

Electric..... Fossil Fuels..... Renewable..... PTO..... Other: \_\_\_\_\_

**ELECTRICAL SUPPLIER: (MUST BE COMPLETED IF POWER IS PROVIDED BY ELECTRIC UTILITY)**

Power Company: \_\_\_\_\_  
Power Company Account No.: \_\_\_\_\_ *From Power Co. Bill*  
Electric Meter No. or  
Power Company Service No.: \_\_\_\_\_ *On Power Meter*

**Method of Water Measurement (MUST Check One of the Following):**

- ... **TOTALIZING FLOW METER (TFM):** Monitored and reported by the party responsible for the well. Readings will be used to calculate usage.  
How many TFM meters are on well (*A or B etc.*) \_\_\_\_\_
- ... **ELECTRICAL METER:** Owned by a Power Utility AND power data is supplied to the State by the Power Company to calculate usage.

**PRIMARY USE OF WELL/CISTERN (MUST Check One of the Following):**

- ... **Irrigation** (includes agricultural and turf irrigation with untreated water)
- ... **Marijuana/Hemp Cultivation** (Not regulated the same as agricultural irrigation)
- ... **Domestic Use** (household and/or lawn and/or livestock). *Complete and submit "Depletion Factors for Domestic Use" form available from DWR and Well User Associations*
- ... **Other** (Municipal, Commercial, or Other use). *For wells used for other than Irrigation, Marijuana or Domestic Use, a separate report of monthly stream depletions must be attached.*

**FOR NON-IRRIGATION WELLS/PUMPS – DESCRIBE USAGE AND ATTACH DOCUMENTATION:**

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**FOR IRRIGATION USE (MUST Complete the Following Table)**

Using a Well Map from your well association, please identify all parcels irrigated by this well, the percentage of that parcel irrigated, the irrigation method used on each parcel, and if surface water is used as a supplemental source. If supplemented with surface water, include the name of the ditch, and how many shares are allocated. Please identify any other wells act as an additional groundwater source for the parcel listed. If your well map does not have labeled parcels or has incorrect parcels, sketch in and label the areas you wish to irrigate and complete the table. Attach Well map to Form-13 with any other relevant information or sketches.

*If you cannot complete this form, please contact the Division 2 office and arrange a Farm Unit Verification.*

<u>PARCEL ID</u>	<u>PERCENTAGE OF PARCEL IRRIGATED*</u>	<u>IRRIGATION METHOD**</u>	<u>SS OR SUP ***</u>	<u>OTHER WELL IDS THAT IRRIGATE PARCEL</u>
<i>EXAMPLE:</i>				
<i>12345678</i>	<i>100</i>	<i>FF</i>	<i>SUP</i>	<i>1401234, 1401235, AND 1401236</i>
<i>12345679</i>	<i>75</i>	<i>SPR</i>	<i>SS</i>	<i>1401234</i>

**If Supplemental\*\*\* – Enter ditch name and total number of shares used on Farm Unit:** \_\_\_\_\_

\*If blank, 100% of parcel acreage is assumed as irrigated.  
 \*\*Irrigation Methods: Flood or Furrow (FF), Sprinkler (SPR), Drip (DRP), Greenhouse (GH), Dry-Up (DU and indicate ditch), or Not Irrigated (NI)  
 \*\*\* Enter Sole Source (SS) if parcel is irrigated only with groundwater or Supplemental (SUP) if surface water is also applied. If SUP, enter ditch company and shares below table

**SIGNATURE: WELL OWNER**  **OR USER**  \_\_\_\_\_ **DATE:** \_\_\_\_\_