



C3 Real Estate Solutions, LLC
2720 Council Tree Ave. #178
Fort Collins, CO 80525

The printed portions of this form, except differentiated additions, have been approved by the Colorado Real Estate Commission.
(SWA35-8-10) (Mandatory 1-11)

THIS FORM HAS IMPORTANT LEGAL CONSEQUENCES AND THE PARTIES SHOULD CONSULT LEGAL AND TAX OR OTHER COUNSEL BEFORE SIGNING.

**SOURCE OF WATER ADDENDUM
TO CONTRACT TO BUY AND SELL REAL ESTATE**

Date: *April 1, 2024*

1. ADDENDUM TO CONTRACT TO BUY AND SELL REAL ESTATE. This Source of Water Addendum (Addendum) is made a part of that Contract to Buy and Sell Real Estate between Seller and Buyer dated _____ (Contract), for the purchase and sale of the Property

known as No. 27 Buff Court Drake CO 80515
Street Address City State Zip

2. SOURCE OF POTABLE WATER. Seller discloses the following information for the source of potable water for the Property:

[Select and complete 1, 2 or 3 as applicable.]

2.1. The Property's source of water is a Well. Well Permit #: 133087
If a well is the source of water for the Property, a copy of the current Well Permit
 Is **Is Not** attached.

2.2 The Water Provider for the Property can be contacted at:
Name: _____
Address: _____
Web Site: _____
Phone No.: _____

2.3. There is neither a Well nor a Water Provider for the Property. The source of water for the Property is [describe source]:

NOTE TO BUYER: SOME WATER PROVIDERS RELY, TO VARYING DEGREES, ON NONRENEWABLE GROUND WATER. YOU MAY WISH TO CONTACT YOUR PROVIDER (OR INVESTIGATE THE DESCRIBED SOURCE) TO DETERMINE THE LONG-TERM SUFFICIENCY OF THE PROVIDER'S WATER SUPPLIES.

Buyer Date

Buyer Date

DocuSigned by:
Kylie Angers 4/1/2024
50E4BCCE086A410...
Seller **Kylie Angers** Date

DocuSigned by:
Cody Varnado 4/1/2024
50E4BCCE086A410...
Seller **Cody Varnado** Date

43

COLORADO DIVISION OF WATER RESOURCES
818 Centennial Bldg., 1313 Sherman St., Denver, Colorado 80202

RECEIVED
SEP 30 1983

RECEIVED 220
AUG 15 1983
WATER RESOURCES
DIVISION

PERMIT APPLICATION FORM

Application must be complete where applicable. Type or print in **BLACK INK**. No overstrikes or erasures unless initialed.

- () A PERMIT TO USE GROUND WATER
 - () A PERMIT TO CONSTRUCT A WELL
 - FOR: () A PERMIT TO INSTALL A PUMP
 - () REPLACEMENT FOR NO. _____
 - () OTHER _____
- WATER COURT CASE NO. _____

(1) APPLICANT - mailing address

NAME LEDA & DONNIS G. SCHNEIDER
 STREET 1811 VAN BUREN AVE.
 CITY LOVELAND, Colo. 80537
(State) (Zip)
 TELEPHONE NO. 663-3798

FOR OFFICE USE ONLY: DO NOT WRITE IN THIS COLUMN

Receipt No. 38486
 Basin _____ Dist. _____

CONDITIONS OF APPROVAL

This well shall be used in such a way as to cause no material injury to existing water rights. The issuance of the 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) LOCATION OF PROPOSED WELL

control number 16263
 County LARIMER
 Twp. 6 N, Rng. 71 W, 6 P.M.
(N,S) (E,W)

1) APPROVED PURSUANT TO CRS 1973, 37-92-602 (3)(b)(II) AS THE ONLY WELL ON A RESIDENTIAL SITE OF 2 ACRES DESCRIBED AS Lot 17, Blk. 4, Filing 3, Cedar Spgs. Estates, Larimer Co.

(3) WATER USE AND WELL DATA

Proposed maximum pumping rate (gpm) 5
 Average annual amount of ground water to be appropriated (acre-feet): 1/2 ACRE FOOT
 Number of acres to be irrigated: NONE
 Proposed total depth (feet): 250'
 Aquifer ground water is to be obtained from:
GRANIT

2) THE USE OF GROUNDWATER FROM THIS WELL IS LIMITED TO ORDINARY HOUSEHOLD PURPOSES INSIDE A SINGLE FAMILY DWELLING, AND SHALL NOT BE USED OUTSIDE THE HOUSE FOR ANY PURPOSE.

3) THE RETURN FLOW FROM THE USE OF THE WELL MUST BE THRU 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. *JWS 10/11/83*

Owner's well designation _____

GROUND WATER TO BE USED FOR:

- () HOUSEHOLD USE ONLY - no irrigation (0)
- () DOMESTIC (1) () INDUSTRIAL (5)
- () LIVESTOCK (2) () IRRIGATION (6)
- () COMMERCIAL (4) () MUNICIPAL (8)
- () OTHER (9) _____

DETAIL THE USE ON BACK IN (11)

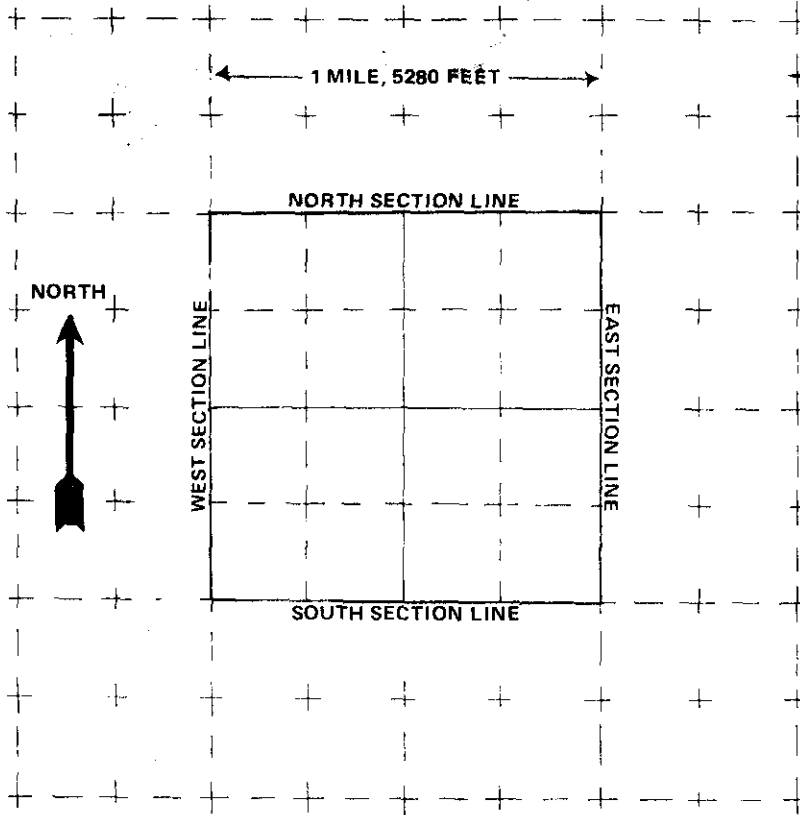
(4) DRILLER

Name Harry Hersh & Sons
 Street Star Rt. Bx 368
 City Loveland Colo. 80537
(State) (Zip)
 Telephone No. 667-4096 Lic. No. 414

APPLICATION APPROVED

PERMIT NUMBER 133087
 DATE ISSUED OCT 12 1983
 EXPIRATION DATE OCT 12 1985
Robert G. Langenbaugh
 Assistant (STATE ENGINEER)
 BY _____
 I.D. 1-04 COUNTY 35

(5) THE LOCATION OF THE PROPOSED WELL and the area on which the water will be used must be indicated on the diagram below. Use the CENTER SECTION (1 section, 640 acres) for the well location.



The scale of the diagram is 2 inches = 1 mile
Each small square represents 40 acres.

WATER EQUIVALENTS TABLE (Rounded Figures)

An acre-foot covers 1 acre of land 1 foot deep
1 cubic foot per second (cfs) . . . 449 gallons per minute (gpm)
A family of 5 will require approximately 1 acre-foot of water per year.
1 acre-foot . . . 43,560 cubic feet . . . 325,900 gallons.
1,000 gpm pumped continuously for one day produces 4.42 acre-feet.

(6) THE WELL MUST BE LOCATED BELOW by distances from section lines.

✓ 500 ft. from SOUTH sec. line
(north or south)
✓ 1300 ft. from WEST sec. line
(east or west)

LOT 17 BLOCK 4 FILING # 3
SUBDIVISION CEDAR SPRINGS ESTATES

(7) TRACT ON WHICH WELL WILL BE LOCATED Owner: SCHNEIDER

No. of acres 2 . Will this be the only well on this tract? YES

(8) PROPOSED CASING PROGRAM

Plain Casing
6 3/8" in. from +1 ft. to 20 ft.
4 in. from 10 ft. to 150 ft.
Perforated casing
4 in. from 150 ft. to 250 ft.
_____ in. from _____ ft. to _____ ft.

(9) FOR REPLACEMENT WELLS give distance and direction from old well and plans for plugging it:

(10) LAND ON WHICH GROUND WATER WILL BE USED:

Owner(s): LEOLA & DONNIS G. SCHNEIDER No. of acres: 2
Legal description: SW 1/4, NW 1/4, SEC 05, Twp 6N Range 71W. (LOT 17, BLOCK 4, 3RD FILING CEDAR SPRINGS ESTATES)

(11) DETAILED DESCRIPTION of the use of ground water: Household use and domestic wells must indicate type of disposal system to be used. HOUSEHOLD USE ONLY - SEPTIC + LEACH FIELD.

(12) OTHER WATER RIGHTS used on this land, including wells. Give Registration and Water Court Case Numbers.

Type or right	Used for (purpose)	Description of land on which used
<u>NONE</u>		

(13) THE APPLICANT(S) STATE(S) THAT THE INFORMATION SET FORTH HEREON IS TRUE TO THE BEST OF HIS KNOWLEDGE.

Leola Schneider Donnie D. Schneider
SIGNATURE OF APPLICANT(S)

RECEIVED

COLORADO DIVISION OF WATER RESOURCES

1313 Sherman Street - Room 813
Denver, Colorado 80203

SEP 26 1984

THIS FORM MUST BE SUBMITTED
WITHIN 60 DAYS OF COMPLETION
OF THE WORK DESCRIBED HERE-
ON. TYPE OR PRINT IN BLACK
INK.

WELL COMPLETION AND PUMP INSTALLATION REPORT

PERMIT NUMBER 133087

WATER RESOURCES
STATE ENGINEER
C.D.L.

WELL OWNER Leo A. & Dennis G. Schneider SW ¼ of the SW ¼ of Sec. 26

ADDRESS 1811 Van Buren Ave., Loveland, CO 80537 T. 6 N. R. 71 W. 6th P.M.

DATE COMPLETED July 26, 19 84 HOLE DIAMETER

10 in. from 0 to 20 ft.

6 in. from 20 to 160 ft.

 in. from to ft.

DRILLING METHOD Air-Percussion

CASING RECORD: Plain Casing

Size 6-5/8 & kind Steel from 0 to 20 ft.

Size 4" & kind PVC from 10 to 40 ft.

Size & kind from to ft.

Perforated Casing

Size 4" & kind PVC from 40 to 160 ft.

Size & kind from to ft.

Size & kind from to ft.

GROUTING RECORD

Material Cement

Intervals 20'

Placement Method Hand

GRAVEL PACK: Size

Interval

TEST DATA

Date Tested July 26, 19 84

Static Water Level Prior to Test 30 ft.

Type of Test Pump Air-Lift

Length of Test 4-Hours

Sustained Yield (Metered) 8-G.P.M.

Final Pumping Water Level Total Drawdown

WELL LOG

From	To	Type and Color of Material	Water Loc.
0	4	Loam	
4	14	Decomposed Granite	
14	67	Fractured Gray Schist	
67	98	Black Schist	
98	110	Fractured White Quartz	X
110	120	Rose Quartz	
120	132	Black Schist	
132	160	Fractured White Quartz	
		TOTAL DEPTH <u>160'</u>	

Use additional pages necessary to complete log.

PUMP INSTALLATION REPORT

Pump Make _____

Type _____

Powered by _____ HP

Pump Serial No. _____

Motor Serial No. _____

Date Installed _____

Pump Intake Depth _____

Remarks _____

WELL TEST DATA WITH PERMANENT PUMP

Date Tested _____

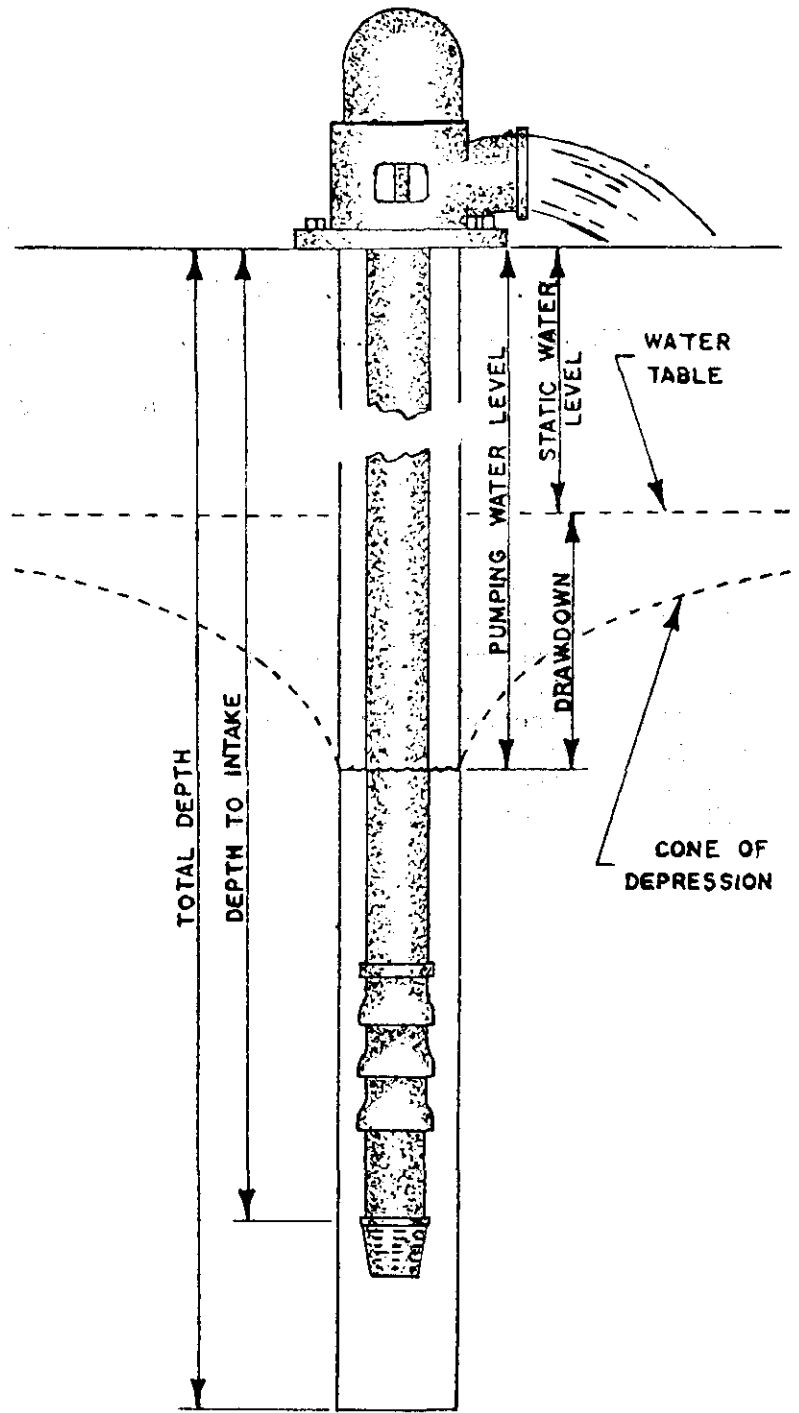
Static Water Level Prior to Test _____

Length of Test _____ Hours

Sustained yield (Metered) _____ GPM

Pumping Water Level _____

Remarks _____



CONTRACTORS STATEMENT

The undersigned, being duly sworn upon oath, deposes and says that he is the contractor of the well or pump installation described hereon; that he has read the statement made hereon; knows the content thereof, and that the same is true of his own knowledge.

Signature Stephen E. Ingram License No. 1099

State of Colorado, County of Saunders SS

Subscribed and sworn to before me this 12 day of September, 1984.

My Commission expires: _____, 19____.

Notary Public Mary Ellen Young

FORM TO BE MADE OUT IN QUADRUPPLICATE: WHITE FORM must be an original copy on both sides and signed. WHITE AND GREEN copies must be filed with the State Engineer. PINK COPY is for the Owner and YELLOW COPY is for the Driller.

APPLICANT WELL DRILLER () AGENT () ATTORNEY ()

RE: Well Permit Application

Your application for a well permit is being returned for the reason(s) indicated below. The additional data and corrections which we are requesting will aid us in evaluating your application. Prompt completion or correction of ALL items checked and the immediate return of the application to this office will expedite its processing. Please make corrections on the application, NOT on this flyer. Thank you for your attention.

PLEASE INITIAL ALL CHANGES--PLEASE TYPE OR PRINT IN BLACK INK

- Item Nos. () Statute requires a \$ ___ fee for this application. Please return the application with required fee.
- 2 () The well location must be designated by the county and the 1/4 of 1/4, Section, Township, Range and P.M.
- 2,6,10 The 1/4 of 1/4 section (Item 2) does not agree with distances from section lines (Item 6). Distances place well in SW 1/4 of SW 1/4.
- 3,11 () For a HOUSEHOLD USE ONLY WELL, no irrigation of lawns or gardens or stock watering can be permitted. In this area, a household use only well is all that may be permitted.
- 3,11 () For a DOMESTIC WELL, no more than one (1) acre of lawn or gardens can be irrigated (Item 3).
- 3 () Please indicate the proposed total depth.
- 3 () If this well is to be used for HOUSEHOLD PURPOSES ONLY, with no lawn or garden watering, please indicate on the application under "Ground Water to be Used For." Do not indicate HOUSEHOLD USE ONLY and DOMESTIC as they are different.
- 6 () Distances from section lines must be shown.
- 8 () The proposed casing program must be completed.
- 9 () The existing well must be plugged and abandoned according to rules and regulations. Please include the distance and direction from the old well.
- 10 () If this well is to be the only well on 35 acres or more, please describe the acreage on the back of the application in Item 10. PLEASE ATTACH FULL METES AND BOUNDS PROPERTY DESCRIPTION OR SURVEY.
- 11 () Please indicate the specific use intended for the water, and the type of disposal system to be used, or a copy of the disposal permit.
- 12 () Please describe other water rights on this land and their use.
- 13 () Signature of applicant is required on application unless it is accompanied by a power of attorney.
- () Please provide a copy of a tax receipt, a surveyor's plat or a warranty deed to show ownership of the property described in Items 6 and 10. This must give the date when the land was subdivided.
- () Please complete Item(s) _____ where checked.
- () Please complete the enclosed ownership affidavit in full and return it with your application.

Other:

It appears that you could very likely be in the NW 1/4, NW 1/4 as you have indicated in items 2 & 6. If that is the case, then the distance in item 6 from the south section line is incorrect. This measurement should come from the North section line. Please check your plat & correct accordingly.



ORIGINAL PERMIT APPLICANT(S)

MURPHY ADAM W & ASHLEY B

APPROVED WELL LOCATION

Water Division: 1 Water District: 4
 Designated Basin: N/A
 Management District: N/A
 County: LARIMER
 Parcel Name: CEDAR SPRINGS ESTATES
 Lot: 17 Block: 4 Filing: 3
 Physical Address: 27 BUFF CT DRAKE, CO 80515
 SE 1/4 SW 1/4 Section 26 Township 6.0 N Range 71.0 W Sixth P.M.

UTM COORDINATES (Meters, Zone:13, NAD83)

Easting: 472702.9 Northing: 4477886.7

See the original well permit file for permit conditions of approval and additional details. The original permit file can be viewed using the Well Permit Search Tool at <https://dwr.colorado.gov/>

See Original Permit



Date Issued: 10/12/1983

Issued By _____

Expiration Date: N/A

PERMIT HISTORY

03-24-2022 CHANGE IN OWNER NAME/MAILING ADDRESS. CHANGED TO KYLIE ANGERS
 03-24-2022 CHANGE IN OWNER NAME/MAILING ADDRESS. CHANGED TO CODY VARNADO
 06-23-2020 CHANGE IN OWNER NAME/MAILING ADDRESS. CHANGED TO NICHOLAS P. BURKERT
 06-23-2020 CHANGE IN OWNER NAME/MAILING ADDRESS. CHANGED TO BRANDON ROSE
 06-16-2005 CHANGE IN OWNER NAME/MAILING ADDRESS

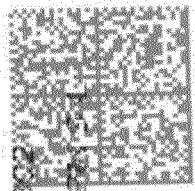
Form No. GWS-11 08/2016	COLORADO DIVISION OF WATER RESOURCES DEPARTMENT OF NATURAL RESOURCES 1313 Sherman St., Ste 821, Denver, CO 80203 Main: (303) 866-3581 dwrpermitsonline@state.co.us	For Office Use Only <div style="border: 1px solid black; padding: 5px; transform: rotate(-2deg); display: inline-block;"> RECEIVED MAR 24 2022 WATER RESOURCES STATE ENGINEER COLO </div>
CHANGE IN OWNER NAME/MAILING ADDRESS		
PRIOR TO COMPLETING THIS FORM, SEE INSTRUCTIONS ON REVERSE SIDE INCOMPLETE, POOR QUALITY, OR ILLEGIBLE FORMS CANNOT BE PROCESSED AND WILL BE RETURNED		
Name, address and phone number of person claiming ownership of the well permit:		
Name(s): <u>Kylie Angers & Cody Varnado</u>		
Mailing Address: <u>27 Buff Court</u>		
City, St. Zip: <u>Drake, CO 80515</u>		
Phone: <u>(479) 685-5636</u> Email: <u>KKAngers@Hotmail.com</u>		
Well Permit Number: <u>133087</u> Receipt Number: _____ Case Number (optional) _____		
WELL LOCATION: County: <u>Larimer</u> Well Name or # (optional) _____		
<u>27 Buff CT</u>	<u>Drake</u>	<u>CO</u>
Street Address at Well Location	City	State
<input type="checkbox"/> Check if well address is same as owner's mailing address _____ 1/4 of the _____ 1/4, Sec. <u>26</u> , Township. <u>6</u> <input checked="" type="checkbox"/> N. or <input type="checkbox"/> S., Range <u>71</u> <input type="checkbox"/> E. or <input checked="" type="checkbox"/> W., _____ P.M.		
Distance from Section Lines: _____ Ft. From <input type="checkbox"/> N. or <input type="checkbox"/> S., _____ Ft. From <input type="checkbox"/> E. or <input type="checkbox"/> W. Line.		
Subdivision Name (if applicable): <u>Cedar Spgs Estates</u> , Lot _____, Block _____, Filing/Unit _____		
NOTE: If changing/correcting the permitted location of a well, use Form No. GWS-42.		
I (we) claim and say that I (we) (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. This filing is made pursuant to C.R.S. 37-90-143.		
Signature(s) of the New Owners	Please print the Signer's Name & Title	Date
	<u>Cody Varnado</u>	<u>3-7-22</u>
It is the responsibility of the new owner of this well to complete and sign this form. If an agent is signing or entering information, please see instructions. Please allow 4 to 6 weeks for processing o this form. Thereafter, you can view or print the accepted document at: https://www.dwr.state.co.us/Tools/WellPermits		
Signature of DWR staff indicates acceptance as a Change in Owner Name and/or Mailing Address.		
For Staff Use Only		
	03/22/2023	
Staff Signature	Date	

Antier's
896 S Tyler Ave
Boulder CO 80537

Boulder, CO 80301

DENVER CO 802

9 MAR 2022



FP © US POSTAGE
\$000.53⁰

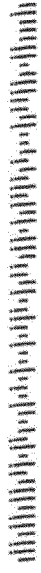
First-Class - IMI
ZIP 80301

03/09/2022

036B 0011819036

Co DN of Water Resources
1313 Sherman St #821
Denver Co 80203

80203-227799



Form No. GWS-32 10/2016	PUMP INSTALLATION AND PRODUCTION EQUIPMENT TEST REPORT State of Colorado, Office of the State Engineer 1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581 dwr.colorado.gov and dwrpermitsonline@state.co.us	For Office Use Only
1. Well Permit Number: 133087 Receipt Number:		
2. Owner's Well Designation:		
3. Well Owner Name: Cody Narnado & Kylie Angers		
4. Well Location Street Address: 27 Buff Court Drake CO		
5. GPS Well Location: <input type="checkbox"/> Zone 12 <input checked="" type="checkbox"/> Zone 13 Easting: 472702.9 Northing: 4477886.7 County: Larimer		
6. Legal Well Location: SE 1/4, SW 1/4, Sec. 26 Twp. 6 <input checked="" type="checkbox"/> N or S <input type="checkbox"/> , Range 71 <input type="checkbox"/> E or W <input checked="" type="checkbox"/> Distances from Section Lines: _____ ft. from <input type="checkbox"/> N or S <input type="checkbox"/> sec. line, and _____ ft. from <input type="checkbox"/> E or W <input type="checkbox"/> sec. line Subdivision: _____, Lot _____, Block _____, Filing (Unit) _____		
7. Check Installation Type: <input type="checkbox"/> Initial Pump Installation <input checked="" type="checkbox"/> Replacement Pump <input type="checkbox"/> Change in Depth Only <input type="checkbox"/> Repair		
8. Pump Data: Type: <u>Submersible</u> Date Installed(mm/dd/yyyy): <u>09/02/2023</u> Pump Manufacturer: <u>Goulds</u> Pump Model No. <u>5GS05412</u> Design GPM: <u>5</u> at RPM <u>3450</u> HP <u>1/2</u> Volts <u>230</u> Full Load Amps <u>5.9</u> Pump Intake Depth: <u>140</u> Feet, Drop/Column Pipe Size Inches, <u>1</u> Kind of Drop Pipe <u>SDR 9</u> Additional Information for Pumps Greater Than 50 GPM: Turbine Driver Type: <input type="checkbox"/> Electric <input type="checkbox"/> Engine <input type="checkbox"/> Other _____ Design Head: _____ feet Number of Stages: _____ Shaft size: _____ inches		
9. Other Equipment: Airline Installed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Orifice Depth ft. _____ Monitor Tube Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No, Depth ft. _____ Flow Meter Mfg. _____ Meter Serial No. _____ Meter Readout: <input type="checkbox"/> Gallons, <input type="checkbox"/> Thousand Gallons, <input type="checkbox"/> Acre feet Beginning Reading: _____		
10. Cistern Information: Material: _____ Capacity: _____ gallons Date Installed: _____		
11. Production Equipment Test Data: <input type="checkbox"/> check box if data is submitted on Form Number GWS-39 Well Yield Test Report. Date: <u>9/2/23</u> Total Well Depth: <u>160'</u> ft. Time: <u>02:20</u> Static Level: <u>60</u> ft. Rate (gpm): <u>6.5</u> See Remarks _____ Date Measured: <u>09/02/2023</u> Pumping Level (ft): _____		
12. Disinfection: Type: <u>Dry Chlorine</u> Amt. Used: <u>3/4 cup</u>		
13. Notification: Was Advanced Notification Required Prior to Installation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Date Notification Given: _____		
14. Water Quality analysis available: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please submit with this report.		
15. Remarks: EQUIPMENT PUMPING RATE DOES NOT REFLECT WELL PRODUCTION		
16. I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed (or name entered if filing online) and certified in accordance with Rule 17.4 of the Water Well Construction Rules, 2 CCR 402-2. The filing of a document that contains false statements is a violation of section 37-91-108(1)(e), C.R.S., and is punishable by fines up to \$1,000 and/or revocation of the contracting license. If filing online, the State Engineer considers the entry of the licensed contractor's name to be compliance with Rule 17.4.		
Company Name: Wayne's Pump Service	Email: wps@waynespumpservice.com	Phone w/area code: (970) 484-8588
Mailing Address:		License Number: 1292
P.O. Box 906, LaPorte CO 80535		
Sign (or enter name if filing online) Demetrios Mellos	Print Name and Title Demetrios Mellos/Owner	Date: 09/02/2023