

# NEW MEXICO OFFICE OF THE STATE ENGINEER



## APPLICATION FOR PERMIT TO USE UNDERGROUND WATERS IN ACCORDANCE WITH SECTIONS 72-12-1.1, 72-12-1.2, OR 72-12-1.3 NEW MEXICO STATUTES



For fees, see State Engineer website: <http://www.ose.state.nm.us/>

### 1. APPLICANT(S)

Name: Lynn Brewster	Name:
Contact or Agent: <span style="float: right;">check here if Agent <input type="checkbox"/></span>	Contact or Agent: <span style="float: right;">check here if Agent <input type="checkbox"/></span>
Mailing Address: PO Box 2096	Mailing Address:
City: El Prado	City:
State: NM	State:
Zip Code: 87529	Zip Code:
Phone: 303-884-3485 <span style="float: right;"><input type="checkbox"/> Home <input type="checkbox"/> Cell</span> Phone (Work):	Phone: <span style="float: right;"><input type="checkbox"/> Home <input type="checkbox"/> Cell</span> Phone (Work):
E-mail (optional): bbrewster627@gmail.com	E-mail (optional):

Check here if existing well. Enter OSE File No. \_\_\_\_\_

### 2. WELL LOCATION Required: Coordinate location must be New Mexico State Plane (NAD 83), UTM (NAD 83), or Lat/Long (WGS84). District II (Roswell) and District VII (Cimarron) customers, provide a PLSS location in addition to above.

NM State Plane (NAD83) - In feet	NM West Zone <input type="checkbox"/> NM Central Zone <input checked="" type="checkbox"/> NM East Zone <input type="checkbox"/>	X (in feet): 1827932.591 Y (in feet): 1990460.877	<b>RECEIVED</b> OFFICE OF STATE ENGINEER SANTA FE NEW MEXICO DATE <u>8/27/21</u>
UTM (NAD83) - In meters	UTM Zone 13N <input checked="" type="checkbox"/> UTM Zone 12N <input type="checkbox"/>	Easting (in meters): 445147.892 Northing (in meters): 4036098.776	
Lat/Long (WGS84) - To 1/10 <sup>th</sup> of second <input type="checkbox"/> Check if seconds are decimal format	Lat: 36 deg Long: -105 deg	28 min 6.96 sec 36 min 44.11 sec	

Other Location Information (complete the below, if applicable):

PLSS Quarters or Halves: NW NW SE SE Section: 26 Township: 26N Range: 12E

County: Taos

Land Grant Name (if applicable): Antonio Martinez Grant

Lot No: \_\_\_\_\_ Block No: \_\_\_\_\_ Unit/Tract: Tract C Subdivision: \_\_\_\_\_

Hydrographic Survey: \_\_\_\_\_ Map: \_\_\_\_\_ Tract: \_\_\_\_\_

Other description relating well to common landmarks, streets, or other:  
6 Snowshoe Trail, El Prado NM

Well is on Land Owned by (Required): Applicant

#### FOR OSE INTERNAL USE

File No.:	Tm. No.:	Application for Permit, Form wr-01, Rev 10/29/2020
Well Tag ID No. (if applicable):	Sub-Basin:	Receipt No.:
		Log Due Date:

**3. PURPOSE OF USE**

<input checked="" type="checkbox"/> Domestic use for one household
<input type="checkbox"/> Livestock watering
<input type="checkbox"/> Domestic use for more than one household. Number of households _____ Complete and attach form WR-01m "MULTIPLE home-owner info"
<input type="checkbox"/> Drinking and sanitary uses that are incidental to the operations of a governmental, commercial, or non-profit facility
<input type="checkbox"/> Prospecting, mining or drilling operations to discover or develop natural resources
<input type="checkbox"/> Construction of public works, highways and roads
<input type="checkbox"/> Domestic use for one household and livestock watering
<input type="checkbox"/> Domestic use for multiple households and livestock watering _____ Complete and attach form WR-01m "MULTIPLE home-owner info"
<input type="checkbox"/> Domestic well to accompany a house or other dwelling unit constructed for sale
<input type="checkbox"/> New well (with new purpose)
<input type="checkbox"/> Amend purpose of use on existing well
<input type="checkbox"/> No change in purpose

**4. WELL INFORMATION: CHECK THOSE THAT APPLY**  Existing Well  Known Artesian

File Information: (If existing well, provide OSE no. & indicate below if well is to be replacement, repaired or deepened, or supplemental. If new well, leave blank, as OSE must assign no.)

OSE Well No. (If Existing)	New Well No. (provided by OSE)	
Well Driller Name:	Well Driller License Number:	
Approximate Depth of Well (feet):	Outside Diameter of Well Casing (inches):	
<input type="checkbox"/> Replacement well (List all existing wells if more than one):	<input type="checkbox"/> Repair or Deepen: <input type="checkbox"/> Clean out well to original depth <input type="checkbox"/> Deepen well from _____ to _____ ft. <input type="checkbox"/> Other (Explain):	<input type="checkbox"/> Supplemental well (List OSE No. for all wells this will supplement):

**5. ADDITIONAL STATEMENTS OR EXPLANATIONS (Use additional sheets if necessary)**

Re-permit of an existing well

**RECEIVED**  
 OFFICE OF STATE ENGINEER  
 SANTA FE NEW MEXICO  
 DATE 6/27/21

**ACKNOWLEDGEMENT**

I, We (name of applicant(s)) Lynn Brewster  
 Print Name(s)

affirm that the foregoing statements are true to the best of (my, our) knowledge and belief.

Lynn Brewster  
 Applicant Signature

\_\_\_\_\_  
 Applicant Signature

**ACTION OF THE OFFICE OF THE STATE ENGINEER (FOR OSE USE ONLY)**

This application is approved subject to the attached general and specific conditions of approval.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, for the New Mexico State Engineer,

By: \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Print

**FOR OSE INTERNAL USE**

Well Tag ID Issued?  Yes  No

Application for Permit, Form wr-01, Rev 10/29/2020

File No.:	Trn No.:	Well ID Tag No.:
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