

Date/Ti	me recei	ved by
IHWD: _		

INDIAN HILLS WATER DISTRICT TAP APPLICATION FOR WATER LICENSE

Street address where water tap will be located:		
Owners Name(s):		
Current Mailing Address:		
Phone #(s):		
E-Mail:		
This application must be for a property within the Indian Hills Water District. In order for this application to be accepted, a copy of the most recent Jefferson County tax statement must be attached and list the IHWD in the Tax Authority column.		
Copy of Jeffco Property Tax Statement attached? Yes No Is		
there an existing structure on the property? Yes No		
What is the current building use? Residence Business Other:		
Details:		
Number of bedrooms		
Is there an operating well on the property? Yes No		
If there is an existing well, has it been tested for: Production? Quality?		
Is this an application for a hardship tap? No Yes (If yes, please complete the Hardship Questionnaire)		
Details:		
If the tap application is approved, any exempt well on the property shall be properly abandoned pursuant to Colorado State Engineer Rules and Regulations.		
A deposit of \$100 is required.		
Please sign below indicating all information on this application is correct and that, if approved, use under the license for the tap must be as limited and defined by the Rules and Regulations of the Indian Hills Water District. Rules and Regulations are available at www.indianhillswater.com The tap fee is due 90 days after the tap approval date.		
Signature: Date:		
Signature: Date:		