

COLORADO LAND SURVEY MONUMENT RECORD

Department of Regulatory Agencies

Board of Licensure for Architects, Professional Engineers and Professional Land Surveyors

1560 Broadway, Suite 1350

Denver, CO 80202

Phone: (303) 894-7800; Fax: (303) 984-2310; EMAIL: aes@dora.state.co.us; V/TDD 711

RECEIVED

AUG 14 2018

COLO.

Report one monument only on this form - Reproduction of this form is authorized.
All items are to be filled in by the Land Surveyor using **PERMANENT BLACK LETTERING** and lines which can be reproduced.

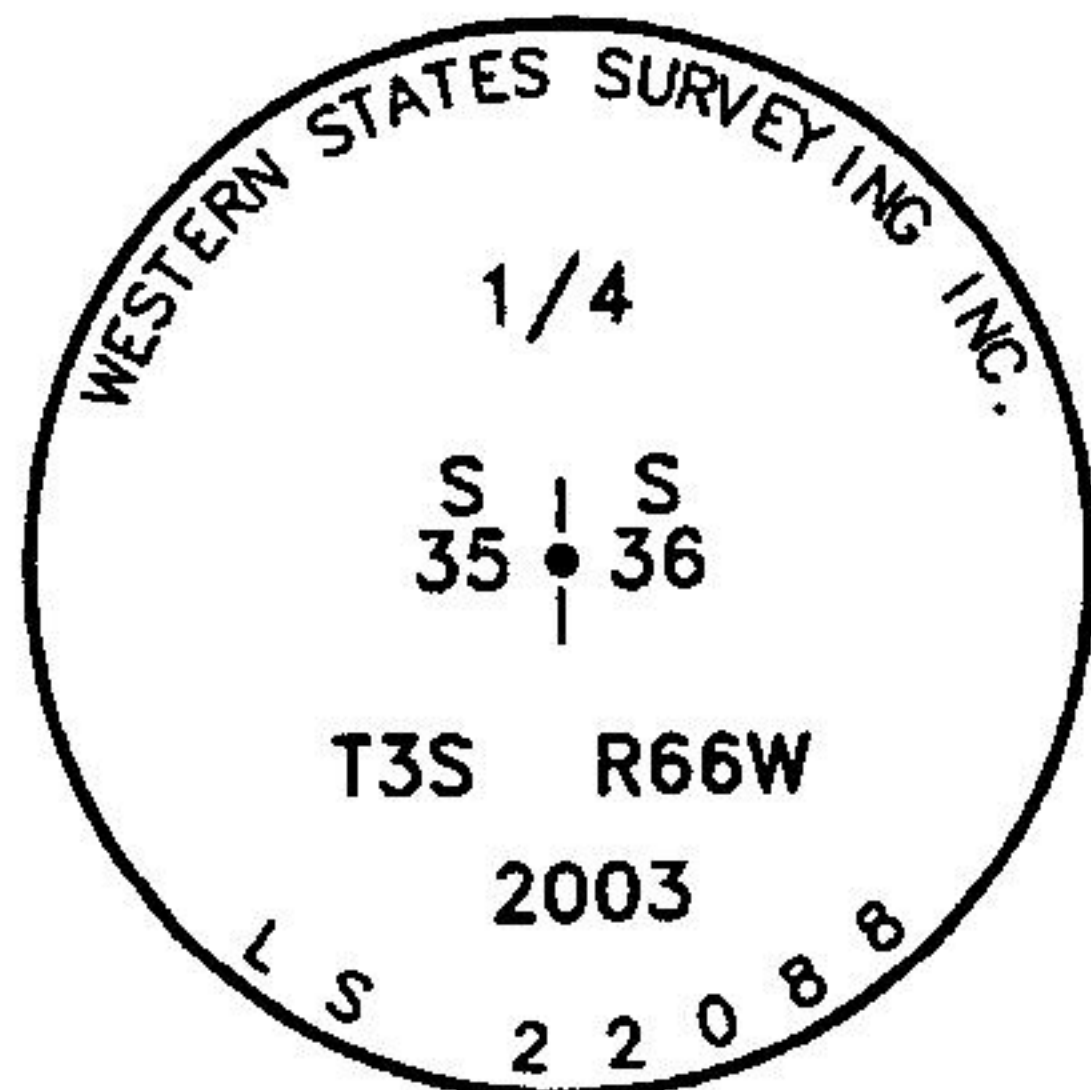
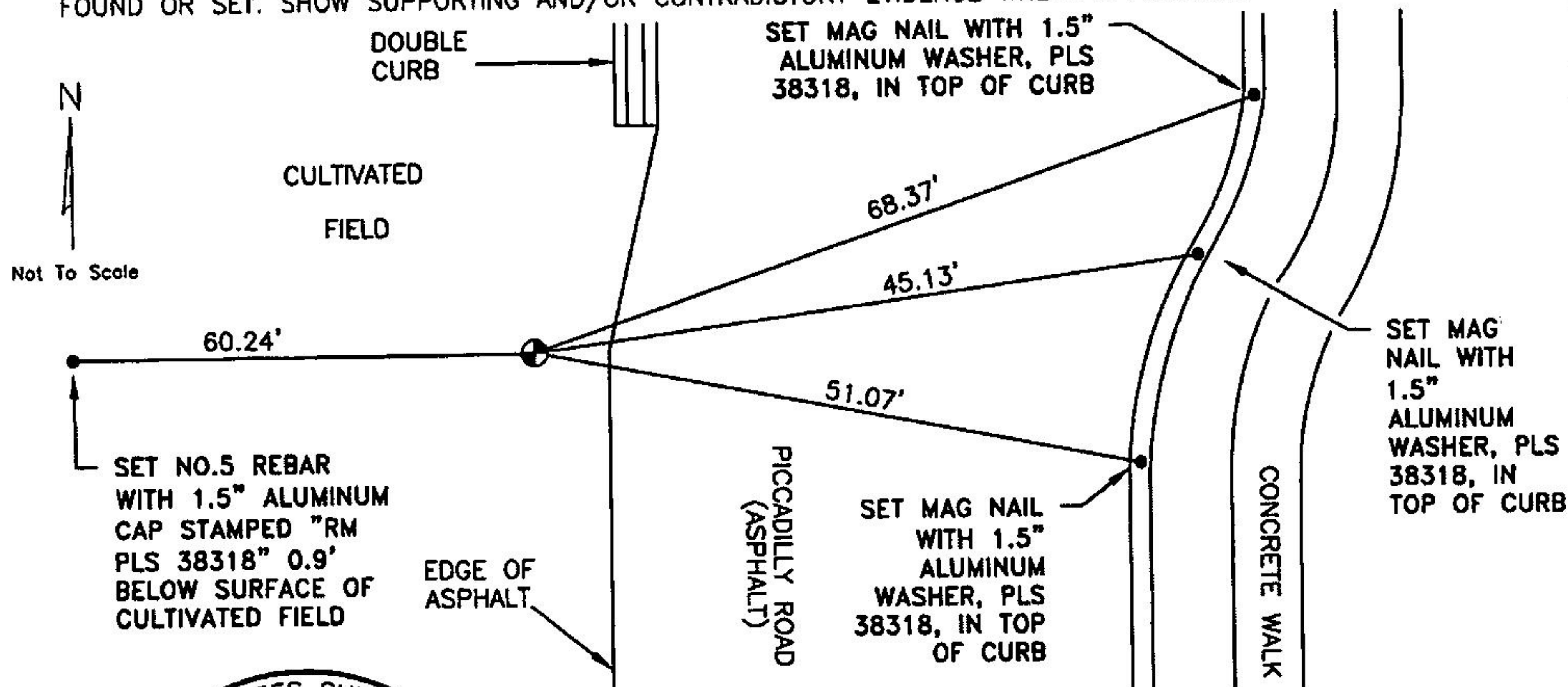
1. TYPE OF MONUMENT: ☐ SECTION CORNER ☒ QUARTER CORNER ☐ SIXTEENTH CORNER ☐ OTHER _____

2. DESCRIPTION AND DATE OF MONUMENT FOUND:

FOUND 2" STEEL PIPE WITH 2.5" ALUMINUM CAP, PLS 22088, 2003, 2.2' BELOW SURFACE OF DIRT IN CITY OF AURORA MONUMENT BOX. NO PREVIOUS TIES FOUND.

3. DESCRIPTION OF MONUMENT SET BY YOU TO PERPETUATE THE LOCATION OF THIS POINT:
SET REFERENCE TIES AS SHOWN.

4. SKETCH SHOWING RELATIVE LOCATION OF MONUMENT, ACCESSORIES AND REFERENCE POINTS STATING WHETHER FOUND OR SET. SHOW SUPPORTING AND/OR CONTRADICTORY EVIDENCE WHERE APPLICABLE:



Stamping on Cap

5. CERTIFICATION

This is to certify that I was in responsible charge of the surveying work described in this record and that to the best of my knowledge the information presented herein is true and correct.

Name (Please Print): Peter E. Paulus

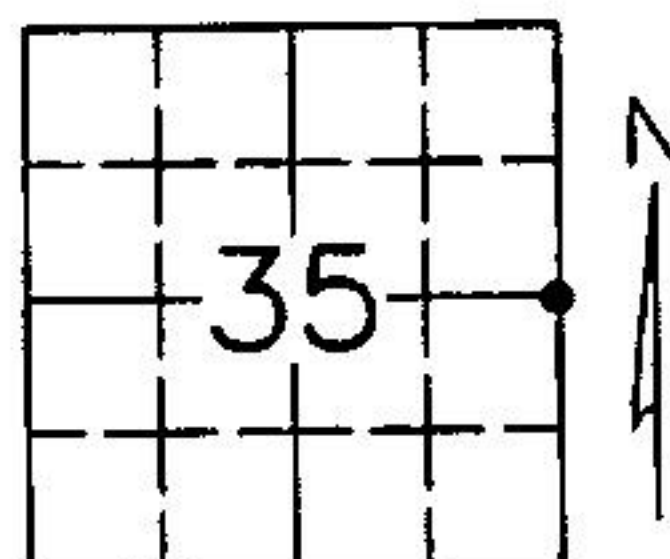
Firm Name: Lamp, Ryneerson & Associates, Inc.

Firm Address: 4715 Innovation Drive, Fort Collins, CO 80525

Phone: (970) 226-0342

6. LOCATION DIAGRAM

1" = 1 Mile



● = Location of Monument



Signature/Date through Seal

7. SEC 35 T 3S R 66W, 6TH P.M.

COUNTY ADAMS, INDEX REF NUMBER 21-C

**8. SEC _____ T _____ R _____, 6TH P.M.

COUNTY _____, INDEX REF NUMBER _____

** To be used only for monuments located on county lines.



Dora
Department of Regulatory Agencies

Rev. 02/01/2011

L:\Engineering\0218003 XOG - Hawkeye Area 2018\SURVEY\MONUMENT RECORDS\T3S R66W\SEC 35\EA4.dwg PETE PAULUS

a. Date of Field Work to Establish, Restore or Rehabilitate Monument: 4/23/2018

b. Date Monument was used as a Control Corner: _____
(Surveyor, do not fill in)

ACCEPTED

SEP 30 2018

COLO. ST. BD. OF LIC.
FOR ARC, PE & PLS

RECEIVED AT OFFICE OF THE COUNTY CLERK
_____ COUNTY

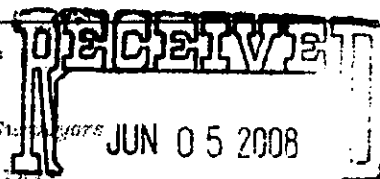
BY: _____

DATE: _____

Record to be filed numerically by Index Reference Number, then alphabetically by letter in the index reference number, then under appropriate Township, Range, and Meridian.

COLORADO LAND SURVEY MONUMENT RECORD

Department of Regulatory Agencies
Board of Registration for Professional Engineers and Professional Land Surveyors
1500 Broadway, Suite 1350, Denver, CO 80202
Phone (303) 894-7788 * Fax (303) 894-7790 * TDD (303) 894-2900



COLO. ST. BD. OF LIC.
FORAES

REPORT ONE MONUMENT ONLY ON THIS FORM — REPRODUCTION OF THIS FORM IS NOT TO BE FILLED IN BY THE LAND SURVEYOR USING PERMANENT BLACK LETTERING and lines which can be reproduced

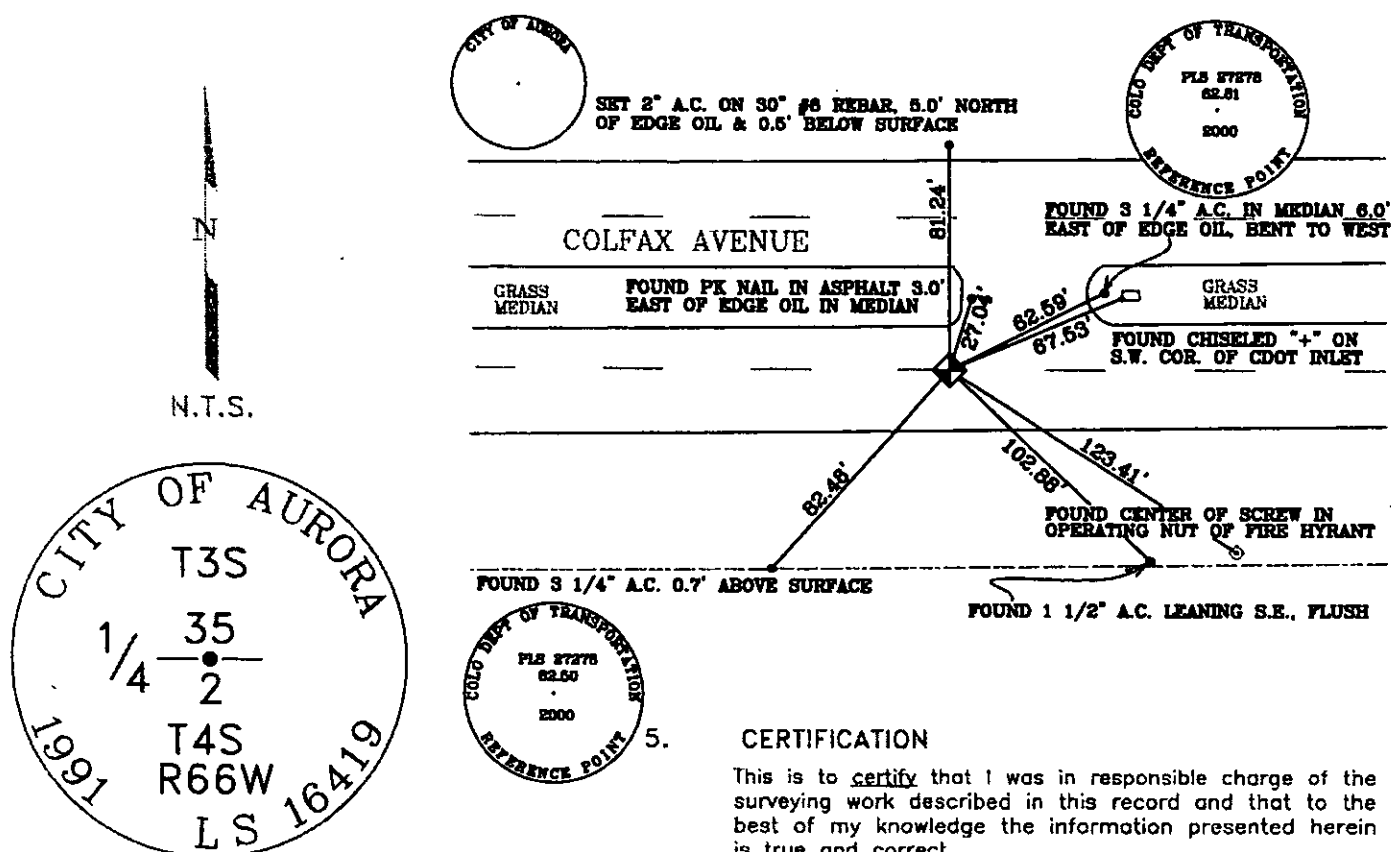
1. TYPE OF MONUMENT: ☐ SECTION CORNER ☒ QUARTER CORNER ☐ BENCH MARK ☐ OTHER _____

2. DESCRIPTION OF MONUMENT FOUND:

FOUND 3" BRASS CAP 0.7' BELOW SURFACE IN A RANGE BOX THAT WAS BELOW THE ASPHALT. SET NEW AURORA RANGE BOX FLUSH WITH THE ASPHALT SURFACE.

3. DESCRIPTION OF MONUMENT ESTABLISHED BY YOU TO PERPETUATE THE LOCATION OF THIS POINT:

4. SKETCH SHOWING RELATIVE LOCATION OF MONUMENT, ACCESSORIES AND REFERENCE POINTS STATING WHETHER FOUND OR SET, SHOW SUPPORTING AND/OR CONTRADICTORY EVIDENCE WHERE APPLICABLE:



Stamping on Cap

a. Date of field Work to Establish, Restore or Rehabilitate Monument: **APRIL 28, 2008**

b. Date Monument was used as Control: _____

(Do not fill in)

ACCEPTED

AUG 31 2008

COLO. ST. BD. OF LIC.
FORAES

RECEIVED AT OFFICE OF THE COUNTY CLERK
_____ COUNTY

BY: _____

DATE: _____

Record to be filed by Index Reference Number
Numerically, then Alphabetically, under
appropriate Township, Range, and Meridian.

5. CERTIFICATION

This is to certify that I was in responsible charge of the surveying work described in this record and that to the best of my knowledge the information presented herein is true and correct.

Name (Please Print): **JAN STERLING**

Firm Name: **CITY OF AURORA**

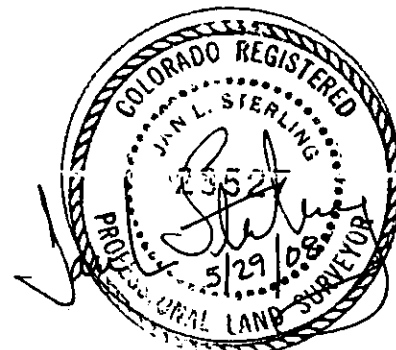
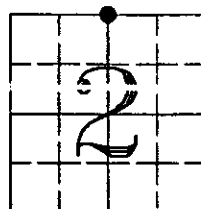
Firm Address: **13645 E. ELLSWORTH AVE.**

AURORA, COLORADO 80012

Phone: **303-326-8015**

6. LOCATION DIAGRAM

1" = 1 Mile



● = Location of Monument Signature/Date through Seal

7. SEC **2** T **4S** R **66W** **6TH** P.M.

COUNTY **ARAPAHOE** INDEX REF NUMBER **19-Z**

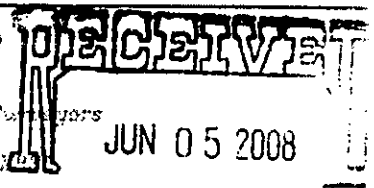
8. SEC **35 T **3S** R **66W** **6TH** P.M.

COUNTY **ADAMS** INDEX REF NUMBER **19-A**

** To be used only for monuments located on county lines

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Phone (303) 894-7798 * Fax (303) 894-7790 * TDD (303) 894-2900



REPORT ONE MONUMENT ONLY ON THIS FORM - REPRODUCTION OF THIS FORM IS **COLO. ST. BD. OF LIC. FOR AES**
All items to be filled in by the Land Surveyor using **PERMANENT BLACK LETTERING** and lines which can be reduced

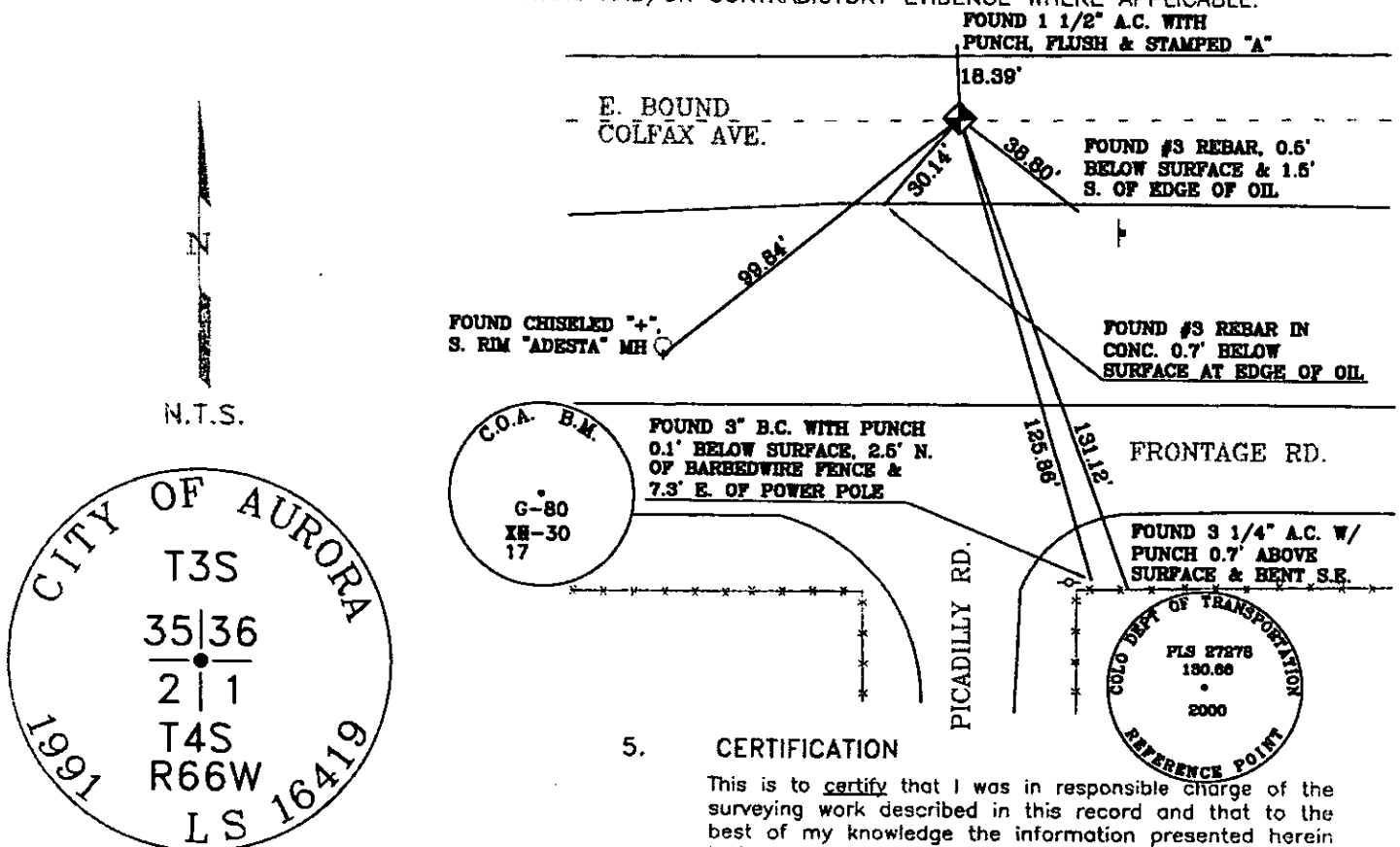
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2. DESCRIPTION OF MONUMENT FOUND:

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Stamping on Cap

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Name (Please Print): **JAN STERLING**

Firm Name: **CITY OF AURORA**

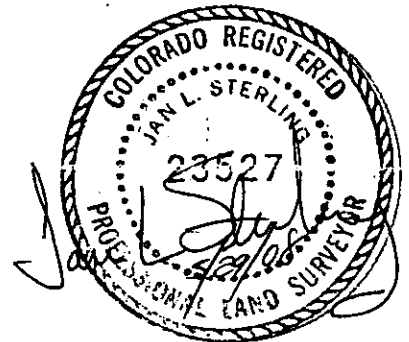
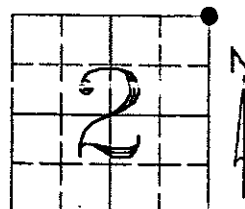
Firm Address: **13645 E. ELLSWORTH AVE.**

AURORA, COLORADO 80012

Phone: **303-328-8015**

6. LOCATION DIAGRAM

1" = 1 Mile



● = Location of Monument Signature/Date through Seal

7. SEC **2** T **4S** R **66W** **6TH** P.M.

COUNTY **ARAPAHOE** INDEX REF NUMBER **21-Z**

8. SEC **35 T **3S** R **66W** **6TH** P.M.

COUNTY **ADAMS** INDEX REF NUMBER **21-A**

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a. Date of field Work to Establish, Restore or Rehabilitate Monument: **APRIL 29, 2008**

b. Date Monument was used as Control: _____

(Do not fill in)

ACCEPTED

AUG 31 2008

COLO. ST. BD. OF LIC.
FOR AES

RECEIVED AT OFFICE OF THE COUNTY CLERK
_____ COUNTY

BY: _____

DATE: _____

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