

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) 894-2310; EMAIL aes@dora.state.co.us; V/TDD 711

DEC 07 2015

Report one monument only on this form - Reproduction of this form is authorized by the State of Colorado. 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 _____

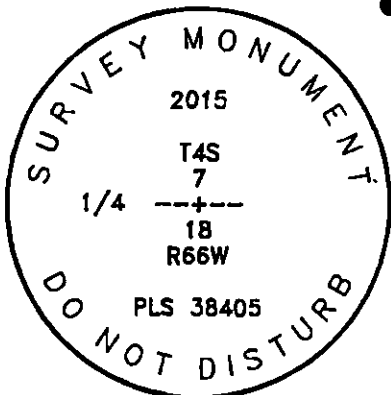
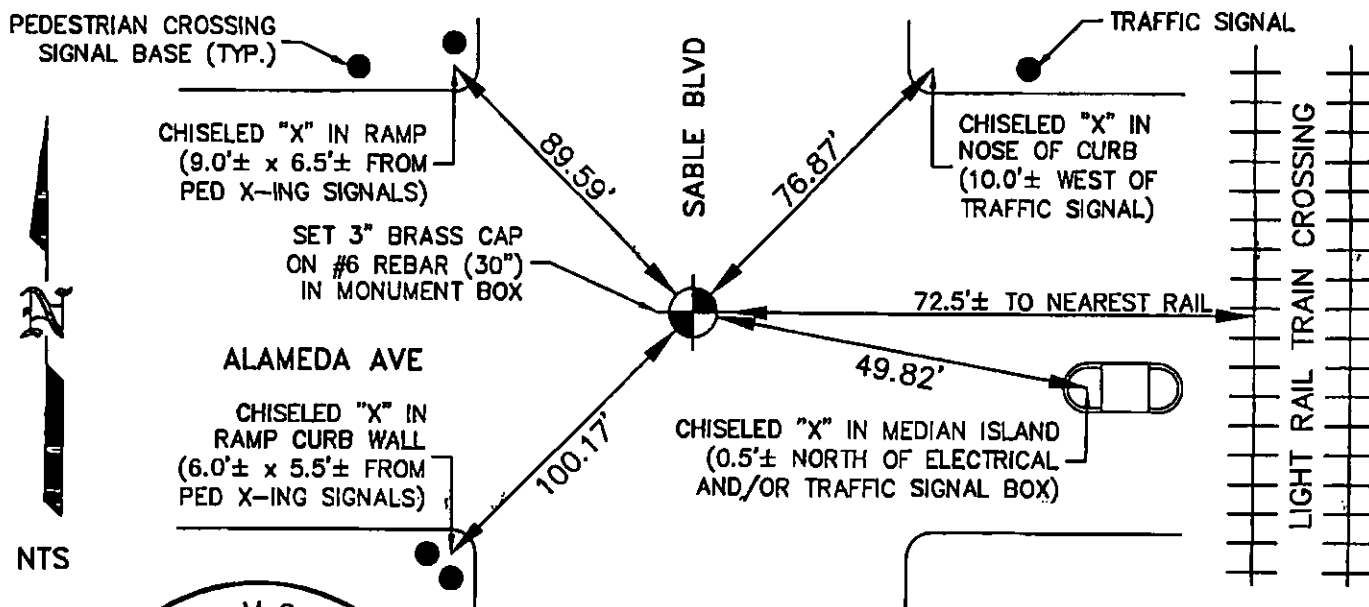
2. DESCRIPTION AND DATE OF MONUMENT FOUND:

FOUND 3" BRASS CAP IN RANGE BOX PER PREVIOUS RECORD RECEIVED JUNE 1, 1989, ACCEPTED JUNE 14, 1989. RECOVERED MONUMENT AND ACCESSORIES ... DESTRUCTION OF ALL DEEMED IMMINENT DUE TO CONSTRUCTION. SECONDARY (TEMPORARY) ACCESSORIES ESTABLISHED BEYOND LIMITS OF DISTURBANCE(S), WITH PERMANENT ACCESSORIES TO FOLLOW AFTER SUBSTANTIAL COMPLETION OF NEW ROADWAY.

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

SET #6 REBAR, 30" LONG, WITH 3.25" ALUMINUM CAP IN RANGE BOX. TOP OF BOX FLUSH WITH NEW ROAD SURFACE, ALUMINUM CAP 2"-3" BELOW. PERMANENT ACCESSORIES ESTABLISHED 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

a. Date of field Work to Establish, Restore or Rehabilitate Monument: 10-30-2015

b. Date Monument was used as a Control corner: _____

(Surveyor, do not fill in)

ACCEPTED
JAN 31 2016
COL. ST. BD. OF LIC.
FORAES

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.

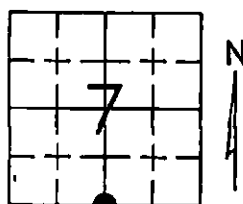
5. CERTIFICATION

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): Chase J. Corbridge
Firm Name: Infinity Solutions, Inc.
Firm Address: 10465 Melody Drive, Ste. 215
Northglenn, Colorado 80234
Phone: 970-988-7396

6. LOCATION DIAGRAM

1" = 1 Mile



• = Location of Monument



Signature/Date through Seal

7. SEC 7 T 4S R 66W, 6TH P.M.
COUNTY ARAPAHOE INDEX REF NUMBER 3-R

** 8. SEC _____ T _____ R _____, _____ P.M.
COUNTY _____ INDEX REF NUMBER _____

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

COLORADO LAND SURVEY MONUMENT RECORD

Department of Regulatory Agencies
Board of Registration for Professional Engineers and Professional Land Surveyors
1560 Broadway, Suite 1350, Denver, CO 80202
Phone (303) 894-7788 * Fax (303) 894-7790 * TDD (303) 894-2900

RECEIVED
MAY 17 2007

REPORT ONE MONUMENT ONLY ON THIS FORM - REPRODUCTION OF THIS FORM IS UNLAWFUL
to be filled in by the Land Surveyor using **PERMANENT BLACK LETTERING** and lines which can be FOR A E S

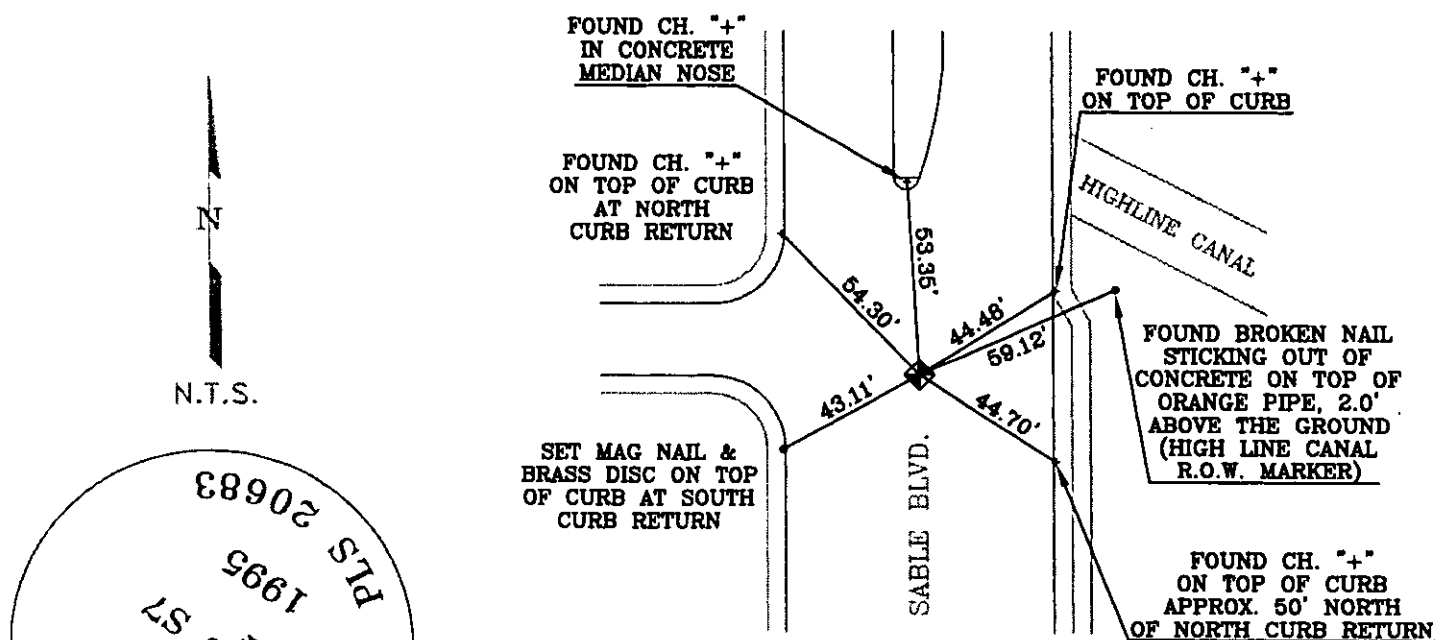
1. TYPE OF MONUMENT: ☐ SECTION CORNER ☒ QUARTER CORNER ☐ BENCH MARK ☐ OTHER _____

2. DESCRIPTION OF MONUMENT FOUND:

FOUND 3 1/4" ALUMINUM CAP 0.6' DOWN IN A RANGE BOX. RANGE BOX LID WAS 0.2' BELOW ASPHALT ROADWAY, RAISED IT TO BE CLOSER TO THE 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:



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**

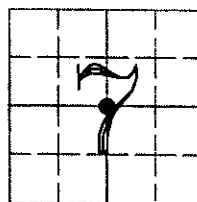
Firm Name: **CITY OF AURORA**

Firm Address: **13645 E. ELLSWORTH AVE.**
AURORA, COLORADO 80012

Phone: **303-326-8015**

6. LOCATION DIAGRAM

1" = 1 Mile



N



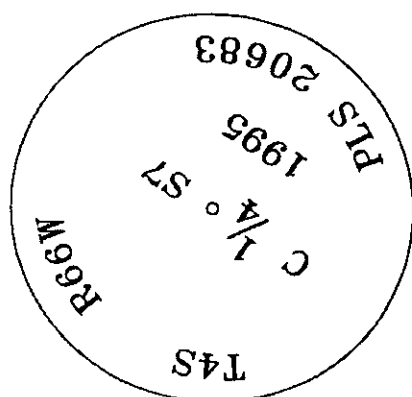
● = Location of Monument Signature/Date through Seal

7. SEC **7** T **4S** R **66W** **6TH** P.M.
COUNTY **ARAPAHOE** INDEX REF NUMBER **03-T**

**8. SEC _____ T _____ R _____ P.M.
COUNTY _____ INDEX REF NUMBER _____

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

Rev.02/00

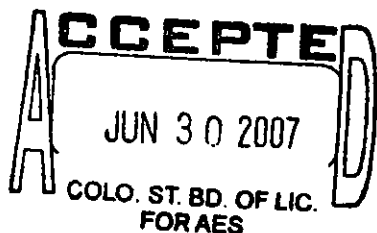


Stamping on Cap

a. Date of field Work to Establish, Restore or Rehabilitate Monument: _____

b. Date Monument was used as Control: **MAY 9, 2007**

(Do not fill in)



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.