

<b>Form No.</b> <b>GWS-32</b> 10/2016	<b>PUMP INSTALLATION AND PRODUCTION EQUIPMENT TEST REPORT</b> State of Colorado, Office of the State Engineer 1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581 <a href="http://www.water.state.co.us">www.water.state.co.us</a> and <a href="mailto:dwrpermitsonline@state.co.us">dwrpermitsonline@state.co.us</a>	For Office Use Only <b>RECEIVED</b> <b>JUL 24 2019</b> <b>WATER RESOURCES</b> <b>STATE ENGINEER</b> <b>COLO</b>
<b>1. Well Permit Number:</b> 313278 <b>Receipt Number:</b> 3691252		
<b>2. Owner's Well Designation:</b>		
<b>3. Well Owner Name:</b> SHETLER, WILLIE & ROSA		
<b>4. Well Location Street Address:</b> 1700 MITCHELL MTN RD, WESTCLIFFE, CO 81252		
<b>5. GPS Well Location:</b> <input type="checkbox"/> Zone 12 <input checked="" type="checkbox"/> Zone 13    Easting: 460410    Northing: 4232681 <b>County:</b> CUSTER		
<b>6. Legal Well Location:</b> <u>SW</u> 1/4, <u>NE</u> 1/4, Sec. <u>8</u> Twp. <u>21</u> <input type="checkbox"/> N or S <input checked="" type="checkbox"/> , Range <u>72</u> <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 checked="" type="checkbox"/> E or W <input type="checkbox"/> sec. line		
Subdivision: <u>BULL DOMINGO RANCH</u> , Lot <u>41</u> , Block _____ , Filing (Unit) <u>4</u>		
<b>7. Check Installation Type:</b> <input checked="" type="checkbox"/> Initial Pump Installation <input type="checkbox"/> Replacement Pump <input type="checkbox"/> Change in Depth Only <input type="checkbox"/> Repair		
<b>8. Pump Data:</b> Type: <u>SUBMERSIBLE</u> Date Installed(mm/dd/yyyy): <u>06/21/2019</u>		
Pump Manufacturer: <u>GRUNDFOS</u> Pump Model No. <u>6SQF-2</u>		
Design GPM: <u>6</u> at RPM <u>3450</u> HP <u>N/A</u> Volts <u>230</u> Full Load Amps <u>N/A</u>		
Pump Intake Depth: <u>180</u> Feet, Drop/Column Pipe Size Inches, <u>1</u> Kind of Drop Pipe <u>SCH 80</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		
<b>9. Other Equipment:</b>		
Airline Installed: <input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Gallons, <input type="checkbox"/> Thousand Gallons, <input type="checkbox"/> Acre feet    Beginning Reading: _____		
<b>10. Cistern Information:</b> Material: _____    Capacity: _____ gallons    Date Installed: _____		
<b>11. Production Equipment Test Data:</b> <input type="checkbox"/> check box if data is submitted on Form Number GWS-39 Well Yield Test Report.		
Date: <u>6/21/19</u>		
Total Well Depth: <u>200</u> ft.    Time: <u>02:00</u>		
Static Level: <u>50</u> ft.    Rate (gpm): <u>7</u>		
Date Measured: <u>06/21/2019</u> Pumping Level (ft): <u>180</u>		
<b>12. Disinfection:</b> Type: <u>CHLORINE</u> Amt. Used: <u>2 CUPS</u>		
<b>13. Notification:</b> Was Advanced Notification Required Prior to Installation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Date Notification Given: _____		
<b>14. Water Quality analysis available:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If yes, please submit with this report.		
<b>15. Remarks:</b>		
<b>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.</b>		
<b>Company Name:</b> RICKS PUMP SERVICE INC	<b>Email:</b> rickspumpservice@yahoo.com	<b>Phone w/area code:</b> (719) 275-7384
<b>Mailing Address:</b>		<b>License Number:</b> 1331
1316 Elm Ave., Canon City, CO 81212		
<b>Sign (or enter name if filing online)</b> Rick Greenstreet	<b>Print Name and Title</b> Rick Greenstreet - Owner	<b>Date:</b> 07/16/2019