

<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 <u>dwr.colorado.gov</u> and <u>dwrpermitsonline@state.co.us</u>	For Office Use Only
<b>1. Well Permit Number:</b> 64604-F <b>Receipt Number:</b> 3606596B		
<b>2. Owner's Well Designation:</b>		
<b>3. Well Owner Name:</b> DAVIS, GARY		
<b>4. Well Location Street Address:</b> 136 ARAPAHOE CIRCLE, WESTCLIFFE, CO 81252		
<b>5. GPS Well Location:</b> <input type="checkbox"/> Zone 12 <input checked="" type="checkbox"/> Zone 13    Easting: 469754    Northing: 4209801 <b>County:</b> CUSTER		
<b>6. Legal Well Location:</b> SE 1/4, NE 1/4, Sec. 20 Twp. 73 <input type="checkbox"/> N or S <input checked="" type="checkbox"/> , Range 71 <input type="checkbox"/> E or W <input checked="" type="checkbox"/> Distances from Section Lines: 3025 ft. from <input type="checkbox"/> N or S <input checked="" type="checkbox"/> sec. line, and 850 ft. from <input checked="" type="checkbox"/> E or W <input type="checkbox"/> sec. line Subdivision: CUERNO VERDE PINES , Lot 21 , Block 17 , Filing (Unit) 3		
<b>7. Check Installation Type:</b> <input type="checkbox"/> Initial Pump Installation <input checked="" type="checkbox"/> Replacement Pump <input type="checkbox"/> Change in Depth Only <input type="checkbox"/> Repair		
<b>8. Pump Data:</b> Type: SUBMERSIBLE                      Date Installed(mm/dd/yyyy): 07/14/2021 Pump Manufacturer: FRANKLIN                      Pump Model No. 5FA154-3W230 Design GPM: 5 at RPM 3450                      HP 1                      Volts 230                      Full Load Amps 9.8 Pump Intake Depth: 420 Feet, Drop/Column Pipe Size Inches, 1                      Kind of Drop Pipe SCH 80 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: 7/14/21 Total Well Depth: 450 ft.                      Time: 12:00 Static Level: 300 ft.                      Rate (gpm): 7 Date Measured: 07/14/2021                      Pumping Level (ft): 420		
<b>12. Disinfection:</b> Type: CHLORINE                      Amt. Used: 1 1/2 CUP		
<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.</b> 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.		
Company Name: RICKS PUMP SERVICE INC	Email: rickspumpservice@yahoo.com	Phone w/area code: (719) 275-7483
Mailing Address: 1316 Elm Ave, Canon City, CO 81212		License Number: 1331
Sign (or enter name if filing online)	Print Name and Title Rick Greenstreet - OWNER	Date: 08/20/2021