

Form No. GWS-32 10/2016	PUMP INSTALLATION AND PRODUCTION EQUIPMENT TEST REPORT State of Colorado, Office of the State Engineer 1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581 dwr.colorado.gov and dwrpermitsonline@state.co.us	For Office Use Only	
1. Well Permit Number: 324245 Receipt Number: 10015715			
2. Owner's Well Designation:			
3. Well Owner Name: BRAIN ALLEN & CRISTY			
4. Well Location Street Address: 1115 EAGLES GATE ROAD WESTCLIFFE, CO 81252			
5. GPS Well Location: <input type="checkbox"/> Zone 12 <input checked="" type="checkbox"/> Zone 13 Easting: 476410.0 Northing: 4220423.0 County: CUSTER			
6. Legal Well Location: <u>SE</u> 1/4, <u>SW</u> 1/4, Sec. <u>13</u> Twp. <u>22</u> <input type="checkbox"/> N or S <input checked="" type="checkbox"/> , Range <u>71</u> <input type="checkbox"/> E or W <input checked="" type="checkbox"/> Distances from Section Lines: _____ ft. from <input checked="" type="checkbox"/> N or S <input type="checkbox"/> sec. line, and _____ ft. from <input type="checkbox"/> E or W <input checked="" type="checkbox"/> sec. line Subdivision: <u>EAGLE SPRINGS RANCH</u> , Lot <u>30</u> , Block _____ , Filing (Unit) <u>2</u>			
7. Check Installation Type: <input checked="" type="checkbox"/> Initial Pump Installation <input type="checkbox"/> Replacement Pump <input type="checkbox"/> Change in Depth Only <input type="checkbox"/> Repair			
8. Pump Data: Type: <u>SUBMERSIBLE</u> Date Installed(mm/dd/yyyy): <u>02/07/2022</u> Pump Manufacturer: <u>FRANKLIN ELECTRIC</u> Pump Model No. <u>5FR15S4-3W230</u> Design GPM: <u>7</u> at RPM <u>3450</u> HP <u>1/2</u> Volts <u>230</u> Full Load Amps <u>6.0</u> Pump Intake Depth: <u>120</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			
9. Other Equipment: 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: _____			
10. Cistern Information: Material: _____ Capacity: _____ gallons Date Installed: _____			
11. Production Equipment Test Data: <input type="checkbox"/> check box if data is submitted on Form Number GWS-39 Well Yield Test Report. Date: <u>2/14/20</u> _____ Total Well Depth: <u>140</u> ft. Time: <u>03:00</u> _____ Static Level: <u>60</u> ft. Rate (gpm): <u>20</u> _____ Date Measured: <u>02/14/2022</u> Pumping Level (ft): <u>120</u> _____			
12. Disinfection: Type: <u>CHLORINE</u> Amt. Used: <u>4 CUPS</u>			
13. Notification: Was Advanced Notification Required Prior to Installation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Date Notification Given: _____			
14. Water Quality analysis available: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please submit with this report.			
15. Remarks: 			
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.			
Company Name: <u>RICKS PUMP SERVICE INC</u>	Email: <u>rickspumpservice@yahoo.com</u>	Phone w/area code: <u>(719) 275-7483</u>	License Number: <u>1331</u>
Mailing Address: <u>1316 Elm Ave, Canon City, CO 81212</u>			
Sign (or enter name if filing online)	Print Name and Title <u>Rick Greenstreet - OWNER</u>	Date: <u>03/07/2022</u>	