For Office Use Only WELL CONSTRUCTION AND YIELD ESTIMATE REPORT Form No. State of Colorado, Office of the State Engineer **GWS-31** 1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581 02/2017 dwr.colorado.gov and dwrpermitsonline@state.co.us Receipt Number: 10032951 1. Well Permit Number: 332580 2. Owner's Well Designation: 3. Well Owner Name: LEVI MILLER 4. Well Location Street Address: 5. As Built GPS Well Location (required): Zone 12 Zone 13 Easting: 455873 Northing: 4237558 6. Legal Well Location: SW 1/4, NE 1/4, Sec., 26 Twp. 20, N or S , Range 73 E or W , 6TH P.M. County: FREMONT Subdivision: COLORADO ACRES ______, Lot _____, Block ______, Filing (Unit) _ feet Date Completed: 12/11/2023 Drilling Method: AIR PERCUSSION 7. Ground Surface Elevation: 8. Completed Aquifer Name: Total Depth: 440 feet Depth Completed: 440 feet 9. Advance Notification: Was Notification Required Prior to Construction? 🦰 Yes 👩 No, 🛮 Date Notification Given: _ Type I (One Confining Layer) Type I (Multiple Confining Layers) Taramie-Fox Hills 10. Aquifer Type: Type II (Not overlain by Type III) Type II (Overlain by Type III) (Check one) Type III (alluvial/colluvial) 11. Geologic Log: 12. Hole Diameter (in.) From (ft) To (ft) Depth Grain Size Color Water Loc. 39 Type 39 440 0-6 TOP SOIL TAN 6 1/8 6-37 **GRANITE** LOOSE TAN 13. Plain Casing 37-440 BLACK 280 **GRANITE** To (ft) OD (in) Kind Wall Size (in) From (ft) 39 65/8 **STEEL** .188 +1 PVC SCH 40 20 360 4 1/2 Perforated Casing Screen Slot Size (in): To (ft) OD (in) Kind Wall Size (in) From (ft) PVC 440 SCH 40 4 1/2 360 14. Filter Pack: 15. Packer Placement: Material Type Size Interval Depth 16. Grouting Record Density Method Material Amount Interval **POURED** 0-40Remarks: CEMENT 6 BAGS 6:1 VIBRATE 17. Disinfection: Type LIQUID CLOROX Amt. Used 8 CUPS 18. Well Yield Estimate Data: Check box if Test Data is submitted on Form Number GWS-39, Well Yield Test Report Well Yield Estimate Method: AIR Estimated Yield (gpm) 4 Static Level: 280 12/11/2023 Date/Time measured: _ Estimate Length (hrs) ___ Remarks: 19. 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: Email: Phone w/area code: License Number: 1358 FINNEY DRILLING & EXCAVATING, INC. larryfinneydrilling@gmail.com (719)275-9525

Print Name and Title

OWNER/OPERATOR

LARRY FINNEY

Date:

1/24/2024

Mailing Address: 867 EVELYN DRIVE, CANON CITY, CO 81212

Sign (or enter name if filing online)

LARRY FINNEY