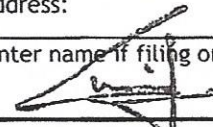


[illegible]



<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>	<b>For Office Use Only</b>																				
<b>1. Well Permit Number:</b> 23312--A <b>Receipt Number:</b> 3690447																						
<b>2. Owner's Well Designation:</b>																						
<b>3. Well Owner Name:</b> TERRY STOUT																						
<b>4. Well Location Street Address:</b> 170 1ST AVE, GREELEY, CO 80631																						
<b>5. GPS Well Location:</b> <input type="checkbox"/> Zone 12 <input checked="" type="checkbox"/> Zone 13    Easting: 527385    Northing: 4475828    County: WELD																						
<b>6. Legal Well Location:</b> nw 1/4, nw 1/4, Sec. 4    Twp. 5 <input checked="" type="checkbox"/> N or S <input type="checkbox"/> , Range 65 <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 type="checkbox"/> E or W <input type="checkbox"/> sec. line Subdivision: _____, Lot _____, Block _____, Filing (Unit) _____																						
<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: SUBMERSIBLE    Date Installed(mm/dd/yyyy): 04/01/2019 Pump Manufacturer: FRANKLIN    Pump Model No. 10FA05S43W115 Design GPM: 15    at RPM 3450    HP 1/2    Volts 115V    Full Load Amps 12 Pump Intake Depth: 48    Feet, Drop/Column Pipe Size Inches, 1.25    Kind of Drop Pipe PVC 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 checked="" type="checkbox"/> No,    Orifice Depth ft. _____    Monitor Tube Installed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No,    Depth ft. _____ Flow Meter Mfg. _____    Meter Serial No. _____ Meter Readout: <input 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. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Date:</td> <td style="width:20%;">4/1/19</td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> <tr> <td>Total Well Depth: 64 ft.</td> <td>Time: 13:00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Static Level: 8 ft.</td> <td>Rate (gpm): 15</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Date Measured: 04/01/2019</td> <td>Pumping Level (ft): 10</td> <td></td> <td></td> <td></td> </tr> </table>			Date:	4/1/19				Total Well Depth: 64 ft.	Time: 13:00				Static Level: 8 ft.	Rate (gpm): 15				Date Measured: 04/01/2019	Pumping Level (ft): 10			
Date:	4/1/19																					
Total Well Depth: 64 ft.	Time: 13:00																					
Static Level: 8 ft.	Rate (gpm): 15																					
Date Measured: 04/01/2019	Pumping Level (ft): 10																					
<b>12. Disinfection:</b> Type: STERILENE    Amt. Used: 4 OZ																						
<b>13. Notification:</b> Was Advanced Notification Required Prior to Installation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Date Notification Given: 03/28/2019																						
<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>  <div style="height: 40px;"></div>																						
<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> QUALITY WELL AND PUMP	<b>Email:</b> kristie@qualitywellandpump.com	<b>Phone w/area code:</b> (970) 353-3118																				
		<b>License Number:</b> 1461																				
<b>Mailing Address:</b> 39525 US HWY 85, AULT, CO 80610																						
<b>Sign (or enter name if filing online)</b> 	<b>Print Name and Title</b> CHRIS JONES, OWNER	<b>Date:</b> 04/19/2019																				