	V	VELL CONSTRUC	TION AND VI	ELD ESTIMA	TE REPORT		For	Office Use C	Inly
Form No.	WELL CONSTRUCTION AND YIELD ESTIMATE REPORT								
GWS-31	State of Colorado, Office of the State Engineer 1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581								
02/2017	www.water.state.co.us and dwrpermitsonline@state.co.us								
1 Well Permit	Number: 23312	Δ	Receipt N	umber: 369	0447				
	Il Designation:	<u> </u>			0117				
J	Name: TERRY STO								
1	on Street Address		PEELEY COL	80632					
	S Well Location (re				a: 527385 0	Northing: 4	475828		
	Location: <u>NW</u> 1							W - 1 6T	HPM
County: V		<u>, m</u> 174,	Jec., <u>,</u>	1 mp. <u>5</u>		, nunge		·· 🖵 · 🚢	<u> </u>
			tany in a system of the first start		, Lot	-, Block —	, Filii	ng (Unit)	
	face Elevation:		t Date Com	pleted: 03/	08/2019	Drilling Met	hod: ROTARY		
8. Completed	Aquifer Name : /	ALLVUIAL	T	otal Depth:	70 fe		pth Completed		feet
9. Advance No	otification: Was N							en: <u>03/05/2</u>	019
10. Aquifer Ty		One Confining L			Multiple Conf				
(Check on		(Not overlain by	/ Type III)	Type II	(Overlain by T		Type III (		the second s
11. Geologic	Log:				12. Hole Di	ameter (in.	) Fron	n (ft)	To (ft)
Depth	Туре	Grain Size	Color	Water Loc.	8	3/4		0	70
0-2	TOP SOIL								
2-15	COBBLE/SAND	COURSE -1"	BROWN						
15-40	SAND/GRAVEL	COURSE - 1/4	BROWN	XXX	13. Plain Ca	ising			-
40-65	GRAVEL/SAND	COURSE - 1/4	BROWN	XXX	OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)
65-70	SHALE		BLUE/GREY		6 5/8	STEEL	.188	+1	19
					4 1/2	PVC	.250	5	34
					Perforate	ed Casing Sc	reen Slot Size (	in): <u>.020</u>	
L	1				OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)
					4 1/2	PVC	.250	34	64
		ļ							
L	ļ						1		
J					14. Filter P			er Placeme	nt:
					Material	GRAVEL	- Type		
					Size	3/8			
					Interval	19-64	Depth		
					16. Groutin	And the second second second		N 1057 V N	
Demoder	I			1	Material	Amount	Density	Interval	Method PUMPED
Remarks:					CEMENT	8 SKS	1.86	0-19	PUMPED
1									
17 Disinfecti	ion: Type STERILE	INF			Amt. Use	4 5 07			R
	Estimate Data:	INL	Chack br	ov if Tort Dat			umber GWS-39,	Wall Vield 7	Task Dasaut
	Estimate Method:	AIR LIFTED AN	D OVER PUMP	ED		U OH FOHH N	under Gw5-39,	well field	est keport
Static Leve					'ield (gpm) 2-	4			
		03/20/2019	and and a special s			1			
	e measured:	03/20/2019		Estimate Le	ngth (hrs) <u>6</u>				
Remarks:									
19. I have read	the statements made	herein and know th	ne contents the	reof, and they	are true to my	knowledge, TI	nis document is sig	ned (or name	entered if
statements is a v	certified in accordan iolation of section 37	ce with Rule 17.4 (	of the Water We	ell Construction	Rules, 2 CCR 4	102 2. The filin	ng of a document t	hat contains fa	alse
the State Engine	er considers the entry	of the licensed co	ntractor's name	to be complia	nce with Rule 1	7.4.	of the contractin	g ucense. If f	ling online
								<b>1</b>	
The second se			Email: kristie@guali	i none wrateu e			ea code: 353-3118		
	s: 39525 US HWY 8	5. AULT CO 804			mp.com	(770)	555-5110	1401	
and the second se				e and Title			and a standard standa	Data	
Sign (or enter name if filing online)				Print Name and Title CHRIS JONES, OWNER				Date:	
	hand		CIII(15 50)	nes, OWNER				04/19/201	9
Instantin and a statistic									

1		AND PRODUCTION FOURMENT TEST	PEDOPT	For Office Use Only					
Form No.		N AND PRODUCTION EQUIPMENT TEST	REPORT						
GWS-32	State of Colorado, Office of the State Engineer								
10/2016	1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581 www.water.state.co.us and <u>dwrpermitsonline@state.co.us</u>								
4 Mall Damit	Number: 23312A	Receipt Number: 3690447							
and the second		Receipt Number: 3030447							
2. Owner's We	Name: TERRY STOUT								
and the second se	on Street Address: 170 1ST A	VE GREELEY CO 80631							
	cation: Zone 12 Zone		5828 Count	WELD					
5. GPS Well LU	cation:	/4, Sec. <u>4</u> Twp. <u>5</u> Nor S							
Dictorcoc from	Section Lines:	ft. from $\square$ N or S $\square$ sec. line, and $\_$	ft from	For W sec. line					
Subdivision:		, Lot,	Block	Filing (Unit)					
Steven and Steven									
7. Check Insta	Ilation Type: 🖌 Initial Pum	p Installation Replacement Pump	Change in Dep	oth Only Repair					
8 Dump Data	TUDE SUBMERSIBLE	Date Installer	d/mm/dd/www).	4/01/2019					
8. Pump Data: Type: SUBMERSIBLEDate Installed(mm/dd/yyyy): 04/01/2019 Pump Manufacturer: FRANKLINPump Model No10FA05S43W115									
Design GPM: 1	Pump Manufacturer: FRANKLIN Pump Model No. 10FA05S43W115   Design GPM: 15 at RPM 3450 HP 1/2 Volts 115V Full Load Amps 12								
Pump Intake De	epth: 48 Feet, Drop/Co	lumn Pipe Size Inches, 1.25 Kind of I	Drop Pipe PVC						
		han 50 GPM: Turbine Driver Type:		Other					
		Number of Stages:		inches					
9. Other Equip		epth ft Monitor Tube Inst		o Depth ft					
Flow Meter Mfg			l No.						
		allons, Acre feet Beginning Read							
meter neudouc									
	Courseling Materials	Canacity	long Data lastal	odi					
		Capacity: gal							
11. Production	n Equipment Test Data:	check box if data is submitted on For	m Number GWS-3	9 Well Yield Test Report.					
	Date								
Total Well Dep	oth: 64 ft. Time	e:							
Static Level:		e (gpm): 15 ping Level (ft): 10	( <del></del>						
Date Measured	<u>i: 04/01/2019</u> Pum	ping Level (ft):10							
			Amt. Used: 4 07						
1	on: Type: STERILENE								
		on Required Prior to Installation? • Yes		fication Given: 03/28/2019					
Company and the second s	ality analysis available: 🔲 🗎	/es 🖪 No 🛛 If yes, please submit with	h this report.						
15. Remarks:									
16. I have read	d the statements made here	in and know the contents thereof, and the	ney are true to my	/ knowledge. This					
A 1990 Solid State Cold Street State Solid Street State S	•	ing online) and certified in accordance w		and the second					
Rules, 2 CCR 4	102-2. The filing of a docume	ent that contains false statements is a vi	olation of section	37-91-108(1)(e), C.R.S.,					
and is punisha	ble by fines up to \$1,000 and	l/or revocation of the contracting licens	e. If filing online	, the State Engineer					
considers the	entry of the licensed contrac	tor's name to be compliance with Rule 1	7.4.						
Company Nam	ie:	Email:	Phone w/area coo	le: License Number:					
	ITY WELL AND PUMP	kristie@qualitywellandpump.com	(970) 353-3						
	and the second								
11 - 11			00/40						
Mailing Addres	SS:	39525 US HWY 85, AULT, CC	0 80610						
	name if filing online)	39525 US HWY 85, AULT, CC Print Name and Title	80610	Date:					
	and the second se			Date: 04/19/2019					

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