

"Form No. GWS-31 9/2016		WELL CONSTRUCTION AND YIELD ESTIMATE REPORT State of Colorado, Office of the State Engineer 1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581 and				For Office Use Only	
1. Well Permit Number:		326781		Receipt Number:		100120030	
2. Owner's Well Designation:							
3. Well Owner Name: MONDO, ROBERT							
4. Well Location Street Address:							
5. GPS Well Location		Zone 12 <input checked="" type="checkbox"/> Zone 13 Easting: 464849 Northing: 4278795		County:		FREMONT	
6. Legal Well Location: SW 1/4, NW 1/4, Sec., 13 Twp 16, N or S <input checked="" type="checkbox"/> Range 72 E or W <input checked="" type="checkbox"/> 6TH P.M. Distances from Section Lines: _____ ft. from _____ N or S _____ section line, and _____ ft. from _____ E or W _____ section line Subdivision: LONG HORN RANCH Lot _____ Block _____ Filing (Unit) 2							
7. Ground Surface Elevation : _____ feet Date Completed: 4/11/2023 Drilling Method : AIR PERCUSSION							
8. Completed Aquifer Name : _____ Total Depth: 400 feet Depth Completed: 400 feet							
9. Advance Notification: Was Notification Required Prior To Construction ? Yes <input checked="" type="checkbox"/> No, Date Notification Given: _____							
10. Aquifer Type : (Check one) <input checked="" type="checkbox"/> Type I (One Confining Layer) <input type="checkbox"/> Type II (Multiple Confining Layers) <input checked="" type="checkbox"/> Type 11 (Not overlain by Type 111) <input type="checkbox"/> Type 11 (overlain by Type 111) Laramie-Fox Hills <input type="checkbox"/> Type 111 (alluvial/colluvial)							
11. Geologic Log:					12. Hole Diameter (in.)		
Depth	Type	Grain Size	Color	Water Loc.		From (ft)	To (ft)
0-3	TOPSOIL		BROWN		9	0	39
3-12	LOOSE ROCK		BROWN		6 1/8	39	400
12-400	GRANITE		RED/GRAY	345			
					13. Plain Casing		
					OD (in)	Kind	Wall Size (in)
					6 5/8	STEEL	0.188
					4 1/2	PVC	0.237
					4 1/2	PVC	0.237
						From (ft)	To (in)
						1+	39
						0	320
						380	400
					Perforated Casing		
					OD (in)	Kind	Wall Size (in)
					4 1/2	PVC	0.237
						From (ft)	To (in)
						320	380
					14. Filter Pack:		
					Material _____		15. Packer Placement:
					Size _____		Type _____
					Interval _____		Depth _____
					16. Grouting Record:		
					Material	Amount	Density
					CEMENT	4SACKS	15.3
							Interval
							0-39
					Placement		
					POSITIVE		
					VIBRATED		
Remarks:							
17. Disinfection: Type CHLORINE Amt. Used 1 GALLON WATER INJECTED							
18. Well Yield Estimate Data: <input type="checkbox"/> Check box if Test Data is submitted on Form GWS - 39, Well Yield Test Report.							
Well Yield Estimate Method: AIR LIFT							
Static Level: 60				Estimated Production Rate 5 gpm.			
Date/Time measured: 4/11/2023				Estimate Length (hrs) 1			
Remarks:							
19. I have read 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 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: ARKANSAS VALLEY DRILLING				Email: TLJBGRS@AOL.COM		Phone w/area code: (719) 276-6847	
Mailing Address:							