

FORM NO. GWS-31 04/2005	WELL CONSTRUCTION AND TEST REPORT STATE OF COLORADO, OFFICE OF THE STATE ENGINEER 1313 Sherman St., Room 818, Denver, CO 80203 Phone - Info (303) 866-3587 Main (303) 866-3581 Fax (303) 866-3589 http://www.water.state.co.us	For Office Use Only <div style="text-align: center;"> RECEIVED JUL 01 2010 WATER RESOURCES STATE ENGINEER COLO. </div>
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1. WELL PERMIT NUMBER: 281258		
2. WELL OWNER INFORMATION		
NAME OF WELL OWNER: WALKER, JAMES		
MAILING ADDRESS: 300 MONTCLAIRE DR.		
CITY: SHERMAN	STATE: TX	ZIP CODE: 75092
TELEPHONE NUMBER: (903) 814-2412		

3. WELL LOCATION AS DRILLED: SW1/4, SW1/4, Sec. 32, Twp 21 N or S, Range 71 E or W
 DISTANCES FROM SEC. LINES: 1134 ft. from N or S section line and 31 ft. from E or W section line.
 SUBDIVISION: SILVER CLIFF HEIGHTS, LOT 6, BLOCK _____, FILING (UNIT) 8
 Optional GPS Location: GPS Unit must use the following settings: Format must be UTM, Units must be meters, Datum must be NAD83, Unit must be set to true N, Zone 12 or Zone 13
 STREET ADDRESS AT WELL LOCATION: _____ Northing: 4225193
 Owner's Well Designation: _____
 Easting: 468741

4. GROUND SURFACE ELEVATION _____ feet	DRILLING METHOD AIR PERCUSSION
DATE COMPLETED 8/11/2009	TOTAL DEPTH 300 feet
	DEPTH COMPLETED 300 feet

5. GEOLOGIC LOG:				
Depth	Type	Grain Size	Color	Water Loc.
0-47	GRANITE		TAN	47
	DECOMPOSED			
47-300	GRANITE		GRAY BLACK	180
			TAN MIX	220

6. HOLE DIAM (in.)		
From (ft)	To (ft)	
0	39	8 3/4
39	300	6 1/8

7. PLAIN CASING:				
OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)
6 5/8	STEEL	.188	+1	39
4 1/2	PVC	.237	20	60
4 1/2	PVC	.237	80	200
4 1/2	PVC	.237	280	300

PERFORATED CASING: Screen Slot Size (in): .030

OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)
4 1/2	PVC	.237	60	80
4 1/2	PVC	.237	200	280
4 1/2	PVC	.237		
4 1/2	PVC	.237		

8. FILTER PACK:	9. PACKER PLACEMENT:
Material _____	Type _____
Size _____	Depth _____
Interval _____	

10. GROUTING RECORD				
Material	Amount	Density	Interval	Placement
CEMENT	5 BAGS	15.3	3-40	POURED

Remarks: _____

11. DISINFECTION: Type CHOLORINE BLEACH	Amt. Used 1 GAL. WTR INJECTION OVERNIGHT
12. WELL TEST DATA: <input type="checkbox"/> Check box if Test Data is submitted on Form Number GWS 39 Supplemental Well Test.	

TESTING METHOD AIRLIFT

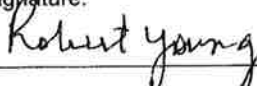
Static Level 45 ft. Date/Time measured: 8/11/2009 11:00, Production Rate 4 gpm.
 Pumping Level 300 ft. Date/Time measured 8/11/2009 11:30, Test Length (hrs) 2.

Remarks: _____

13. I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed 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 \$5000 and/or revocation of the contracting license.]

Company Name: YOUNG'S DRILLING & PUMP SERVICES	Phone: (719)275-5482	License Number: 592
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Mailing Address: P.O. BOX 2123 CANON CITY, CO. 81215		
Signature: <i>Robert Young</i>	Print Name and Title ROBERT YOUNG - OWNER	Date 6-24-10

FORM NO. GWS-32 02/2005	PUMP INSTALLATION AND TEST REPORT STATE OF COLORADO, OFFICE OF THE STATE ENGINEER 1313 Sherman St., Room 818, Denver, CO 80203 Info (303) 866-3587 Main (303) 866-3581 Fax (303) 866-3589 http://www.water.state.co.us	For Office Use Only <div style="text-align: center;"> RECEIVED JUL 01 2010 <small>WATER RESOURCES STATE ENGINEER COLORADO</small> </div>																				
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4. PUMP DATA: Type: <u>SUBMERSILBE</u> Date Installed: <u>8/13/2009</u> Pump Manufacturer: <u>J CLASS</u> Pump Model No. _____ Design GPM: <u>5</u> at RPM <u>3450</u> HP <u>3/4</u> Volts <u>230</u> Full Load Amps <u>8</u> Pump Intake Depth: <u>280</u> Feet, Drop/Column Pipe Size <u>1</u> Inches, Kind of Drop Pipe <u>PVC 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 _____ <table style="width:100%; border: none;"> <tr> <td style="border: none;">Design Head</td> <td style="border: none;">feet</td> <td style="border: none;">Number of Stages</td> <td style="border: none;">Shaft size</td> <td style="border: none;">inches</td> </tr> </table>			Design Head	feet	Number of Stages	Shaft size	inches															
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5. 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 type="checkbox"/> Gallons, <input type="checkbox"/> Thousand Gallons, <input type="checkbox"/> Acre feet Beginning Reading _____																						
6. TEST DATA: <input type="checkbox"/> check box if Test Data is submitted on Supplemental Form. <table style="width:100%; border: none;"> <tr> <td style="border: none;">Date:</td> <td style="border: none;"><u>8-13-09</u></td> <td style="border: none;"><u>8-13-09</u></td> <td style="border: none;"><u>8-13-09</u></td> <td style="border: none;"><u>8-13-09</u></td> </tr> <tr> <td style="border: none;">Total Well Depth: <u>300</u> ft.</td> <td style="border: none;">Time: <u>9:00</u></td> <td style="border: none;"><u>9:30</u></td> <td style="border: none;"><u>10:00</u></td> <td style="border: none;"><u>11:00</u></td> </tr> <tr> <td style="border: none;">Static Level: <u>50</u> ft.</td> <td style="border: none;">Rate (gpm): <u>7</u></td> <td style="border: none;"><u>7</u></td> <td style="border: none;"><u>5</u></td> <td style="border: none;"><u>5</u></td> </tr> <tr> <td style="border: none;">Date Measured: <u>8/13/09</u></td> <td style="border: none;">Pumping Level (ft): <u>50</u></td> <td style="border: none;"><u>70</u></td> <td style="border: none;"><u>210</u></td> <td style="border: none;"><u>210</u></td> </tr> </table>			Date:	<u>8-13-09</u>	<u>8-13-09</u>	<u>8-13-09</u>	<u>8-13-09</u>	Total Well Depth: <u>300</u> ft.	Time: <u>9:00</u>	<u>9:30</u>	<u>10:00</u>	<u>11:00</u>	Static Level: <u>50</u> ft.	Rate (gpm): <u>7</u>	<u>7</u>	<u>5</u>	<u>5</u>	Date Measured: <u>8/13/09</u>	Pumping Level (ft): <u>50</u>	<u>70</u>	<u>210</u>	<u>210</u>
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7. DISINFECTION: Type <u>CHLORINE</u> Amt. Used <u>1 3/4 CUP</u>																						
8. Water Quality analysis available: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please submit with this report.																						
9. Remarks: _____																						
10. I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed 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 \$5000 and/or revocation of the contracting license.]																						
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