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

RECEIVED Office Use Only

		Info (303) 866-358 Fax (303) 866-3589	7 Main (303) 866-3581 http://www.water.state.co.us	MAR 1 1 2013	
1. W	/ELL PERMIT	NUMBER: 289624	WATER KLEWKUL		
NA CL MA	WELL OWNER INFORMATION NAME OF OWNER CLARK & MARY KELLEY MAILING ADDRESS 850 CRAWFORD PKWY #3114				
CI		STAT	TE ZIP CODE		
PC	RTSMOUTH		23704		
	LEPHONE # 57) 499-2964				
3. <u>WELL LOCATION AS DRILLED</u> : <u>NW</u> 1/4, <u>SW</u> 1/4 Sec. <u>14,</u> Twp. <u>13</u> ☐ N or ⊠ S, Range <u>70</u> ☐ E or ⊠ W					
DIS	DISTANCES FROM SEC. LINES: 2093 ft. from ☐ N or ☒ S section line and 188 ft. from ☐ E or ☒ W section line.				
l .			TATES LOT		
ı			use the following settings: Format i		· · · · · · · · · · · · · · · · · · ·
must be meters, Datum must be NAD83, Unit must be set to true N, ☐ Zone 12 or ☒ Zone 13 Northing: 4307772.14					
STREET ADDRESS AT WELL LOCATION:					
4. PUMP DATA: Type: SUBMERSIBLE Date Installed: 3/7/2013					
	Pump Manufacturer: GRUNDFOS Pump Model No. 10SQ07-240				
1	Design GPM: <u>10</u> at RPM HP <u>3/4</u> Volts <u>230</u> Full Load Amps <u>7.2</u>				
Pui	Pump Intake Depth: 178 Feet, Drop/Column Pipe Size 1 Inches, Kind of Drop Pipe SCH 80 PVC				
	ADDITIONAL INFORMATION FOR PUMPS GREATER THAN 50 GPM: Turbine Driver Type: Electric Engine Other				
	•	ead feet	•		
5. <u>OT</u> 1	HER EQUIPM		Number of Stages	Shaft size	inches
	Airline Installed Yes No, Orifice Depth ft Monitor Tube Installed Yes No, Depth ft				
Meter Readout: Gallons, Thousand Gallons, Acre feet Beginning Reading					
6. TEST DATA: Check box if Test Data is submitted on Supplemental Form.					
		Date:	<u>11/16/2012</u>	_	
Tota	al Well Depth:	: <u>220</u> ft. Time:	2 HOURS		— <u>——</u>
Sta	tic Level: <u>165</u>	ft. Rate (gp	m): <u>5 GPM</u>		
Dat	e Measured: (03/07/2013 Pumping	Level (ft): 220 FT		
7. DIS	INFECTION:	Type GRANULAR CHLORINE	Amt. L	Jsed 1/2 CUP(S) 100 PPM	
8. Water Quality analysis available: Yes No If yes, please submit with this report.					
9. Remarks: EQUIP. PRODUCTION TEST - HOURS: 30 MIN PUMP CAPABILITY: 10.2 GPM					
PUMPING LEVEL: 178 FT - DATE: 03/07/2013					
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 filling 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					
lice	ense.]				
Company Name: BLACK MOUNTAIN PUMP SERVICE, INC.			Phone (719)6		icense Number: 344
Mailing Address: PO BOX 783, DIVIDE, CO 80814					
Signatu	ire:	-, -0 00017	Print Name and Title		Date
M	MB	2 de	MICK L. BATES, PRESIDENT		
·UG	my lit		TOK E. DITTEO, FINESIDENT		3/7/2013