Form No. GWS-32
10/2016

PUMP INSTALLATION AND PRODUCTION EQUIPMENT TEST REPORT

State of Colorado, Office of the State Engineer
1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581
dwr.colorado.gov and dwrpermitsonline@state.co.us

For Office Use Only

1. Well Permit Number: 333656 **Receipt Number:** 10034240

2. Owner's Well Designation:

3. Well Owner Name: ARTHUR FREEMAN

4. Well Location Street Address:

5. GPS Well Location: ☐ Zone 12 ☒ Zone 13 Easting: 439726 Northing: 4266419 **County:** FREMONT

6. Legal Well Location: NE 1/4, NW 1/4, Sec. 31 Twp. 50 ☐ N or S ☒, Range 12 ☐ E or W ☒
Distances from Section Lines: _____ ft. from ☐ N or S ☐ sec. line, and _____ ft. from ☐ E or W ☐ sec. line
Subdivision: _____ , Lot _____, Block _____ , Filing (Unit) _____

7. Check Installation Type: ☑ Initial Pump Installation ☐ Replacement Pump ☐ Change in Depth Only ☐ Repair

8. Pump Data: Type: SUBMERSIBLE Date Installed(mm/dd/yyyy): 10/08/2024
Pump Manufacturer: STA-RITE Pump Model No. S5P4HS05231-02
Design GPM: 5 at RPM 3450 HP 1/2 Volts 230 Full Load Amps _____
Pump Intake Depth: 180 Feet, Drop/Column Pipe Size Inches, 1" Kind of Drop Pipe sch 80 pvc
Additional Information for Pumps Greater Than 50 GPM: Turbine Driver Type: ☐ Electric ☐ Engine ☐ Other _____
Design Head: _____ feet Number of Stages: _____ Shaft size: _____ inches

9. Other Equipment:
Airline Installed: ☐ Yes ☒ No, Orifice Depth ft. _____ Monitor Tube Installed: ☐ Yes ☐ No, Depth ft. _____
Flow Meter Mfg. _____ Meter Serial No. _____
Meter Readout: ☐ Gallons, ☐ Thousand Gallons, ☐ Acre feet Beginning Reading:

10. Cistern Information: Material: _____ Capacity: _____ gallons Date Installed:

11. Production Equipment Test Data: ☐ check box if data is submitted on Form Number GWS-39 Well Yield Test Report.

Total Well Depth: 190 ft. Static Level: 120 ft. Date Measured: 10/08/2024

Date:	10/8/24				
Time:	10:00				
Rate (gpm):	5				
Pumping Level (ft):	1803				

12. Disinfection: Type: LIQUID BLEACH Amt. Used: 4 CUPS

13. Notification: Was Advanced Notification Required Prior to Installation? ☐ Yes ☒ No, Date Notification Given:

14. Water Quality analysis available: ☐ Yes ☒ No If yes, please submit with this report.

15. Remarks:

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.

Company Name:	Email:	Phone w/area code:	License Number:
FOSTER'S ROCKY MOUNTAIN PUMPS, LLC	rockymtnpumps@gmail.com	(719) 275-7659	89

Mailing Address: 818 Della Vista Ln, Canon City, CO 81212

Sign (or enter name if filing online)	Print Name and Title	Date:
Joel R. Foster II	Joel R. Foster II, Co-Owner	11/24/2024