

FORM NO.
GWS-32
10/84

PUMP INSTALLATION AND TEST REPORT
STATE OF COLORADO, OFFICE OF THE STATE ENGINEER

For Office Use only

RECEIVED

MAY 10 2007

WATER RESOURCES
STATE ENGINEER
COLO.

1. WELL PERMIT NUMBER 271265

2. OWNER NAME(S) DAVID & ELOISE BOLT
Mailing Address PO BOX 411
City, St. Zip FLORISSANT, CO 80816
Phone (719) 689-3494

3. WELL LOCATION AS DRILLED: SE 1/4 SE 1/4, Sec. 20 Twp. 14 SOUTH, Range 71 WEST
DISTANCES FROM SEC. LINES:
300 ft. from SOUTH Sec. line. and 1115 ft. from EAST Sec. line.
(north of south) (east of west)
SUBDIVISION: FOUR MILE RANCH LOT 30 BLOCK _____ FILING(UNIT) _____
STREET ADDRESS AT WELL LOCATION: _____

4. PUMP DATA: Type SUBMERSIBLE Installation Completed 04/27/07
Pump Manufacturer GRUNDFOS Pump Model No. 5SQ15-450 SOFT-START
Design GPM 5 at RPM _____, HP 1 1/2, Volts 230, Full Load Armps 10.0
Pump Intake Depth 478' Feet, Drop/Column Pipe Size 1" Inches, Kind SCH 80 PVC

ADDITIONAL INFORMATION FOR PUMPS GREATER THAT 50 GPM:
TURBINE DRIVER TYPE: Electric Engine Other _____
Design Head _____ feet, Number of Stages _____, Shaft size _____ inches.

5. 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 _____

6. TEST DATA: Check box if Test data is submitted on Supplemental Form.
Date 11/15/06
Total Well Depth 500' Time 2 HOURS
Static Level 73' Rate (GPM) WELL PRODUCES 5 GPM
Date Measured 04/27/07 Pumping Lvl. 500'

7. DISINFECTION: Type GRANULAR CHLORINE Amt. Used 2 CUPS (100 PPM)

8. Water Quality analysis available. Yes No

9. Remarks EQUIPMENT PRODUCTION TEST
HOURS: 30 MIN.
PUMP CAPABILITY: 6.4 GPM
PUMPING Lvl. 478'
DATE: 04/27/07

10. I have read the statements made herein and know the contents thereof, and that they are true to my knowledge.
[Pursuant to Section 24-4-104 (13)(a) C.R.S., the making of false statements herein constitutes perjury in the second degree and is punishable as a class 1 misdemeanor.]

CONTRACTOR BLACK MOUNTAIN PUMP SERVICE Phone (719) 687-7210 Lic. No. 1344
Mailing Address PO BOX 783, DIVIDE, CO 80814

Name/Title (Please type or print) MICK L. BATES, PRESIDENT Signature *Mick Bates* Date 05/09/07