

"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: 325842	Receipt Number: 10018728
2. Owner's Well Designation:	
3. Well Owner Name: WILLIAMS, HASENA	
4. Well Location Street Address: 1410 OAK DR. WESTCLIFFE, CO. 81252	

5. GPS Well Location	<input type="checkbox"/> Zone 12 <input checked="" type="checkbox"/> Zone 13	Easting: 450941	Northing: 4234648	County: CUSTER
6. Legal Well Location: <u>SH</u> 1/4, <u>NE</u> 1/4, Sec., <u>5</u> Twp <u>21.</u> N or S <input checked="" type="checkbox"/> Range <u>73</u> E or W <input checked="" type="checkbox"/> <u>6TH</u> P.M.				
Distances from Section Lines: _____ ft. from <input type="checkbox"/> N or S <input type="checkbox"/> section line, and _____ ft. from <input type="checkbox"/> E or W <input type="checkbox"/> section line				
Subdivision: <u>VICTORIA HEIGHTS</u> Lot: <u>20</u> , Block _____, Filing (Unit) _____				

7. Ground Surface Elevation: _____ feet	Date Completed: 11/3/2022	Drilling Method: AIR PERCUSSION
------------------------------------------------	----------------------------------	----------------------------------------

8. Completed Aquifer Name: _____	Total Depth: 480 feet	Depth Completed: 480 feet
-----------------------------------------	------------------------------	----------------------------------

9. Advance Notification: Was Notification Required Prior To Construction ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date Notification Given: _____
-----------------------------------------------------------------------------------	---------------------------------------------------------------------	---------------------------------------

10. Aquifer Type:	<input type="checkbox"/> Type 1 (One Confining Layer)	<input type="checkbox"/> Type 1 (Multiple Confining Layers)	<input type="checkbox"/> Laramie-Fox Hills
(Check one) <input checked="" type="checkbox"/>	<input type="checkbox"/> Type 11 (Not overlain by Type 111)	<input type="checkbox"/> Type 11 (overlain by Type 111)	<input type="checkbox"/> Type 111 (alluvial/colluvial)

11. Geologic Log:				
Depth	Type	Grain Size	Color	Water Loc.
0-4	LOOSE ROCK		TAN	
4-260	VOLCANIC		TAN	
260-480	VOLCANIC		GRAY	450

12. Hole Diameter (in.)		
	From (ft)	To (ft)
9	0	39
6.125	39	480

13. Plain Casing				
OD (in)	Kind	Wall Size (in)	From (ft)	To (in)
6 5/8	STEEL	0.188	1+	39
4 1/2	PVC	0.237	0	420
4 1/2	PVC	0.237	460	480

Perforated Casing				
OD (in)	Kind	Wall Size (in)	From (ft)	To (in)
4 1/2	PVC	0.237	420	460

14. Filter Pack:	15. Packer Placement:
Material _____	Type _____
Size _____	Depth _____
Interval _____	

16. Grouting Record:				
Material	Amount	Density	Interval	Placement
CEMENT	4SACKS	15.3	0-39	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; 120	Estimated Production Rate 8 gpm.
Date/Time measured: 11/3/2022	Estimate Length (hrs) 2

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	License Number: 1305
Mailing Address: 	Print Name and Title TODD A. MOORE	Date: 11/3/2022	