"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: 325841 **Receipt Number:** 10018727

2. Owner's Well Designation:

3. Well Owner Name: WILLIAMS, HASENA

4. Well Location Street Address: 1380 OAK DR WESTCLIFFE, CO. 81252

5. GPS Well Location [ ] Zone 12 [X] Zone 13 Easting: 450868 Northing: 4234611 **County:** CUSTER

6. Legal Well Location: SW 1/4, NE 1/4, Sec., 5 Twp 21. [ ] N or S [X] Range 73 [ ] E or W [X] 6TH P.M.

Distances from Section Lines: _____ ft. from [ ] N or S [ ] section line, and _____ ft. from [ ] E or W [ ] section line

Subdivision : VICTORIA HEIGHTS , Lot 19 , Block _____ , Filing (Unit) _____

7. Ground Surface Elevation : _____ feet **Date Completed:** 11/9/2022 **Drilling Method :** AIR PERCUSSION

8. Completed Aquifer Name : _____ **Total Depth:** 440 feet **Depth Completed:** 440 feet

9. Advance Notification: Was Notification Required Prior To Construction ? [ ] Yes [X] No, Date Notification Given: _____

10. Aquifer Type : (Check one)
[ ] Type 1 (One Confiing Layer) [ ] Type 1 (Multiple Confining Layers) [ ] Laramie-Fox Hills
[X] Type 11 (Not overlain by Type 111) [ ] Type 11 (overlain by Type 111) [ ] Type 111 (alluvial/colluvial)

11. Geologic Log:

Depth	Type	Grain Size	Color	Water Loc.
0-2	TOPSOIL		BROWN	
2-220	VOLCANIC		TAN	
220-440	VOLCANIC		GRAY	410

12. Hole Diameter (in.)

	From (ft)	To (ft)
9	0	39
6 1/8	39	440

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	20	380
4 1/2	PVC	0.237	420	440

Perforated Casing

OD (in)	Kind	Wall Size (in)	From (ft)	To (in)
4 1/2	PVC	0.237	380	420

14. Filter Pack:
Material _____
Size _____
Interval _____

15. Packer Placement:
Type _____
Depth _____

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: [ ] Check box if Test Data is submitted on Form GWS - 39, Well Yield Test Report.

Well Yield Estimate Method: AIR LIFT

Static Level; 80 Estimated Production Rate 10 gpm.

Date/Time measured: 11/9/2022 10:00 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 onlinethe 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:
ARKANSAS VALLEY DRILLING	TLJBGRS@AOL.COM	(719) 276-6847	1305

Mailing Address:

Sign (or enter if filing online)	Print Name and Title	Date:
	TODD A. MOORE	11/9/2022