Form No. GWS-32 09/2016

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
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WATER RESOURCES
STATE ENGINEER CO

1. Well Permit Number: 151255 **Receipt Number:** 0287685

2. Owner's Well Designation:

3. Well Owner Name: Pat Harper

4. Well Location Street Address: 2420 Ponderosa Hill Rd

5. GPS Well Location: ☐ Zone 12 ☒ Zone 13 Easting: 476904.4 Northing: 4462274.5 **County:** Larimer

6. Legal Well Location: SW 1/4, SE 1/4, Sec. 18 Twp. 4 ☒ N or S ☐, Range 70 ☐ E or W ☒
Distances from Section Lines: 900 ft. from ☐ N or S ☒ sec. line, and 2600 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): 09/18/2018
Pump Manufacturer: Grundfos Pump Model No. 7S07422
Design GPM: 7 at RPM 3600 HP 3/4 Volts 230 Full Load Amps 8.4
Pump Intake Depth: 240 Feet, Drop/Column Pipe Size Inches, 1 Kind of Drop Pipe 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: 250 ft.	Date:	9/18/18			
Static Level: 77 ft.	Time:	10:45 AM			
Date Measured: 9/18/18	Rate (gpm):	7			
	Pumping Level (ft):	240			

12. Disinfection: Type: Clorox Amt. Used: 11 oz.

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:
John's Well Service, Inc.	johnswellservice@earthlink.net	303-444-7237	1323

Mailing Address: P.O. Box 808 Lyons, CO 80540

Sign (or enter name if filing online)	Print Name and Title	Date:
	Mike Overly Owner	10/18/18