

FORM NO.
GWS-32
02/2005

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

1313 Sherman St., Room 818, Denver, CO 80203
Info (303) 866-3587 Main (303) 866-3581
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NOV 17 2015

WATER RESOURCES
STATE ENGINEER
COLO

1. WELL PERMIT NUMBER: 292238

2. WELL OWNER INFORMATION

NAME OF OWNER

Sean & Carrie Dougherty

MAILING ADDRESS

8048 E 23rd Ave

CITY

Denver

STATE

CO

ZIP CODE

TELEPHONE #

(303) 519-4038

3. WELL LOCATION AS DRILLED: NW1/4, NE1/4 Sec. 8, Twp. 7 ☐ N or ☒ S, Range 77 ☐ E or ☒ W

DISTANCES FROM SEC. LINES: 700 ft. from ☒ N or ☐ S section line and 1500 ft. from ☒ E or ☐ W section line.

SUBDIVISION: Breckenridge Park Estates LOT 36, BLOCK _____, FILING (UNIT) _____

Optional GPS Location: GPS Unit must use the following settings: Format must be **UTM**, Units Easting: _____
must be **meters**, Datum must be **NAD83**, Unit must be set to **true N**, ☐ Zone 12 or ☐ Zone 13 Northing: _____

STREET ADDRESS AT WELL LOCATION: 328 CR 535

4. PUMP DATA: Type: Submersible Date Installed: 9/15/2015

Pump Manufacturer: Sta-Rite Pump Model No. S7P4HS05221-02

Design GPM: 7 at RPM 3450 HP 0.5 Volts 230 Full Load Amps 4.8

Pump Intake Depth: 70 Feet, Drop/Column Pipe Size 1 Inches, 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
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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:	9/15/15	9/15/15	9/15/15	9/15/15
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Total Well Depth: <u>80</u> ft.	Time: <u>15:30</u>	<u>15:35</u>	<u>15:40</u>	<u>15:45</u>
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Static Level: <u>15</u> ft.	Rate (gpm): <u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>
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Date Measured: 9/15/15	Pumping Level (ft): <u>30</u>	<u>35</u>	<u>39</u>	<u>41</u>
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7. DISINFECTION: Type HTH Amt. Used 4 oz

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

9. Remarks: _____

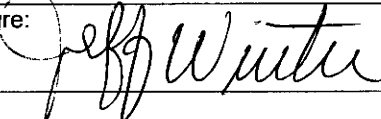
10. I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed and certified in accordance with Rule 17.4 of the Water Well Construction Rules, 2 CCR 402-2. [The filing of a document that contains false statements is a violation of section 37-91-108(1)(e), C.R.S., and is punishable by fines up to \$5000 and/or revocation of the contracting license.]

Company Name:
Premier Pump Service, LLC

Phone:
(719)836-1591

License Number:
1405

Mailing Address:
1420 Bolster Drive

Signature: 

Print Name and Title
Jeff Winter / Owner

Date
9/15/2015