

Form No. GWS-32 10/2016	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 www.water.state.co.us and dwrpermitsonline@state.co.us	For Office Use Only RECEIVED AUG 04 2020 WATER RESOURCES STATE ENGINEER COLO
1. Well Permit Number: <u>161292-A</u> Receipt Number:		
2. Owner's Well Designation:		
3. Well Owner Name: <u>Linda Laughlin</u>		
4. Well Location Street Address: <u>28305 Avenida Brook Dr. STBT SP6S CO 80477</u>		
5. GPS Well Location: <input type="checkbox"/> Zone 12 <input checked="" type="checkbox"/> Zone 13 Easting: <u>339296</u> Northing: <u>4473847</u> County: <u>Rowlett</u>		
6. Legal Well Location: ___ 1/4, ___ 1/4, Sec. ___ Twp. ___ <input type="checkbox"/> N or S <input type="checkbox"/> , Range ___ <input type="checkbox"/> E or W <input type="checkbox"/> Distances from Section Lines: ___ ft. from <input type="checkbox"/> N or S <input type="checkbox"/> sec. line, and ___ ft. from <input type="checkbox"/> E or W <input type="checkbox"/> sec. line Subdivision: <u>Big Valley Ranch</u> , Lot <u>20</u> , Block ___ , Filing (Unit) <u>2A</u>		
7. Check Installation Type: <input type="checkbox"/> Initial Pump Installation <input checked="" type="checkbox"/> Replacement Pump <input type="checkbox"/> Change in Depth Only <input type="checkbox"/> Repair		
8. Pump Data: Type: <u>Sub</u> Date Installed(mm/dd/yyyy): <u>07/08/2020</u>		
Pump Manufacturer: <u>Gould</u> Pump Model No. <u>56S10412</u>		
Design GPM: <u>5</u> at RPM <u>3450</u> HP <u>1</u> Volts <u>230</u> Full Load Amps <u>9</u>		
Pump Intake Depth: <u>565</u> Feet, Drop/Column Pipe Size Inches, <u>1</u> Kind of Drop Pipe <u>PVC 80</u>		
Additional Information for Pumps Greater Than 50 GPM: Turbine Driver Type: <input type="checkbox"/> Electric <input type="checkbox"/> Engine <input type="checkbox"/> Other		
Design Head: ___ feet Number of Stages: ___ Shaft size: ___ inches		
9. Other Equipment:		
Airline Installed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Orifice Depth ft. ___ Monitor Tube Installed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Depth ft. ___		
Flow Meter Mfg. ___ Meter Serial No. ___		
Meter Readout: <input type="checkbox"/> Gallons, <input type="checkbox"/> Thousand Gallons, <input type="checkbox"/> Acre feet Beginning Reading: ___		
10. Cistern Information: Material: ___ Capacity: ___ gallons Date Installed: ___		
11. Production Equipment Test Data: <input type="checkbox"/> check box if data is submitted on Form Number GWS-39 Well Yield Test Report.		
Date: <u>7/8/20</u>		
Total Well Depth: <u>600</u> ft. Time: <u>1000</u>		
Static Level: <u>100</u> ft. Rate (gpm): <u>9</u>		
Date Measured: <u>7/8/20</u> Pumping Level (ft): <u>100</u>		
12. Disinfection: Type: <u>HTH</u> Amt. Used: <u>402</u>		
13. Notification: Was Advanced Notification Required Prior to Installation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Date Notification Given: ___		
14. Water Quality analysis available: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please submit with this report.		
15. Remarks:		