			TECT DEDODT	For Office Use Only	
Form No.		ON AND PRODUCTION EQUIPMENT		For Office Use Only	
GWS-32	State of Colorado, Office of the State Engineer 1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581				
10/2016	www.water.state.co.us and dwrpermitsonline@state.co.us			AUG 0 4 2020	
	www.water.state.co.us and dwpermitsontine@state.co.us				
1. Well Permit Number: 16/292 - 12 Receipt Number: WATER RESOURCES 3. Owner's Well Designation: STATE ENGINEER					
2. Owner's went besignation.					
3. Well Owner Name: LINDA LAughlin					
4. Well Location Street Address: 28305 A MENDOW BROOK DR. STBT SPGS CO 80477					
5. GPS Well Location: Zone 12 IZone 13 Easting: 339296 Northing: 44-7 3847 County: Zoutt					
6. Legal Well Location: 1/4, 1/4, Sec. Twp. Nor S Range E or W Distances from Section Lines: ft. from N or S sec. line, and ft. from E or W sec. line Subdivision: 13 g V Alley 12 Ame h , Lot 20, Block Filing (Unit) 2 A					
Subdivision: 13 ig VAlley Karen , Lot 20, Block , Filing (Unit) 22					
7. Check Installation Type: Initial Pump Installation 🕅 Replacement Pump Change in Depth Only Repair					
8. Pump Data: Type: Sub Date Installed(mm/dd/yyyy): O7/08/2020 Pump Manufacturer: Gould Pump Model No. 565104(7)					
Pump Manufacturer: 6-04/d Pump Model No. 56510412					
Design GPM: 5 at RPM 3450 HP / Volts 230 Full Load Amps 9					
Pump Intake Depth: <u>545</u> Feet, Drop/Column Pipe Size Inches, <u>/</u> Kind of Drop Pipe <u>PVC 80</u>					
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 🖬 Yo, 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.					
Date: 7/8/20					
Total Well Depth: 600 ft. Time: 1600					
Static Level: 100 ft. Rate (gpm): _9					
Date Measured: 7/8/20 Pumping Level (ft): 100					
12. Disinfection: Type: HTH Amt. Used: 402					
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	2:	Email:	Phone w/area co	de: License Number:	
B&JPUMP+WELLSER.INC H20@BJPUMP.CO 970-879-6132 (107					
Mailing Address: BOX772740 STBT SP65 CD 80477					
Sign (or enter r	name if filing online)	Print Name and Title		Date:	
708. T.	2	Robart BROWN	PLSS	7/30/20	