## For Office Use Only PUMP INSTALLATION AND PRODUCTION EQUIPMENT TEST REPORT Form No. State of Colorado, Office of the State Engineer GWS-32 1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581 10/2016 www.water.state.co.us and dwrpermitsonline@state.co.us 1. Well Permit Number: 327097 Receipt Number: 10021057 2. Owner's Well Designation: 3. Well Owner Name: Walls, John 4. Well Location Street Address: 526 Porcupine Road, Fairplay, CO 80440 5. GPS Well Location: Zone 12 Zone 13 Easting: 405844.0 Northing: 4344672 County: Park 6. Legal Well Location: SE 1/4, SE 1/4, Sec. 22 Twp. 9 Nors , Range 78 E or W Distances from Section Lines: ft. from N or S sec. line, and ft. from E or W sec. line Subdivision: Valley of the Sun, Lot 668, Block, Filing (Unit) 14 7. Check Installation Type: Initial Pump Installation Replacement Pump Change in Depth Only Repair 8. Pump Data: Type: SubmersibleDate Installed(mm/dd/yyyy): 06/15/2023Pump Manufacturer: Sta-RitePump Model No.\$10P4H\$507221-02Design GPM: 10at RPM 3450HP3/4Volts 230Full Load Amps 7 Pump Intake Depth: 150 Feet, Drop/Column Pipe Size Inches, 1 Kind of Drop Pipe Sch80 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: \_\_\_\_\_ Capacity: gallons Date Installed: 10. Cistern Information: Material: 11. Production Equipment Test Data: check box if data is submitted on Form Number GWS-39 Well Yield Test Report. 6/15/23 6/15/23 6/15/23 Date: 13:20 Total Well Depth: 160 ft. Time: 13:30 13:45 Static Level: 100 14 \_\_ ft. Rate (gpm): 13 13 Date Measured: 06/15/2023 Pumping Level (ft): 100 113 115 Amt. Used: 4 oz 12. Disinfection: Type: HTH 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:

considers the entry of the licensed contractor's name to be compliance with Rule 17.4.

Company Name:
Premier Pump Service, LLC.

Mailing Address:
P.O. Box 127, Fairplay, CO 80440

Sign (or enter name if filing optine)
Print Name and Title
John Lazanas, Owner / Operator

O7/12/2023