Form No. GWS-31 02/2017	**WELL CONSTRUCTION AND YIELD ESTIMATE 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 SEP 01 2020 WATER RESOURCES STATE ENGINEER COLO

1. Well Permit Number: 317194 **Receipt Number:** 10002703

2. Owner's Well Designation:

3. Well Owner Name: STEVEN P GAUSS, 7666 US HWY 50, SALIDA, CO 81201

4. Well Location Street Address:

5. As Built GPS Well Location (required): ☐ Zone 12 ☒ Zone 13 Easting: 397558.0 Northing: 4266263

6. Legal Well Location: ____ 1/4, ____ 1/4, Sec., ____ Twp. ____ ☐ N or S ☐, Range ____ ☐ E or W ☐, ____ P.M.

County: CHAFFEE

Subdivision: SUNSHINE ACRES, Lot 8, Block C, Filing (Unit) ____

7. Ground Surface Elevation: 8900 feet **Date Completed:** 07/14/2020 **Drilling Method:** AIR

8. Completed Aquifer Name : ____ **Total Depth:** 340 feet **Depth Completed:** 340 feet

9. Advance Notification: Was Notification Required Prior to Construction? ☐ Yes ☐ No, Date Notification Given: ____

10. Aquifer Type: (Check one)
☐ Type I (One Confining Layer) ☐ Type I (Multiple Confining Layers) ☐ Laramie-Fox Hills
☐ Type II (Not overlain by Type III) ☐ Type II (Overlain by Type III) ☒ Type III (alluvial/colluvial)

11. Geologic Log:

Depth	Type	Grain Size	Color	Water Loc.
0-296	SANDY CLAY,		BROWN	
	BOULDERS			
296-320	GRAVEL		BROWN	296
320-340	CLAY		BROWN	

12. Hole Diameter (in.)

	From (ft)	To (ft)
9.75	0	39
6	39	340

13. Plain Casing

OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)
6.625	STEEL	188	+1	300

Perforated Casing Screen Slot Size (in): 1/8

OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)
6.625	STEEL	188	300	340

14. Filter Pack:
Material ____
Size ____
Interval ____

15. Packer Placement:
Type ____
Depth ____

16. Grouting Record

Material	Amount	Density	Interval	Method
CEMENT	13BAGS	65GAL	0-39	POURED & VIBRATED

Remarks: 5.5 ID DRIVE SHOE

17. Disinfection: Type HTH Amt. Used 8OZ

18. Well Yield Estimate Data: ☐ Check box if Test Data is submitted on Form Number GWS-39, Well Yield Test Report

Well Yield Estimate Method: AIR

Static Level: 90 Estimated Yield (gpm) 40

Date/Time measured: 7/14/20 Estimate Length (hrs) 1

Remarks:

19. 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:
AMERICAN DRILLING SERVICE		(719) 942-3568	1280

Mailing Address:

Sign (or enter name if filing online)	Print Name and Title	Date:
Bradford Dewberry	BRADFORD DEWBERRY - PRESIDENT	08/27/2020