WA

FORM NO. GWS-31 04/2005

WELL CONSTRUCTION AND TEST REPORT

STATE OF COLORADO, OFFICE OF THE STATE ENGINEER
1313 Sherman St., Room 818, Denver, CO 80203
Phone – Info (303) 866-3587 Main (303) 866-3581
Fax (303) 866-3589 http://www.water.state.co.us

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OCT 01 2015

WATER RESOURCES
STATE ENGINEER
COLO

1. **WELL PERMIT NUMBER:** 216677-A

2. **WELL OWNER INFORMATION**
NAME OF WELL OWNER: Gollner James
MAILING ADDRESS: 25576 Golden Springs Dr
CITY: Dana Point STATE: CA ZIP CODE: 92629
TELEPHONE NUMBER: (949) 295-3473

3. WELL LOCATION AS DRILLED: ____ 1/4, ____ 1/4, Sec. 25, Twp. 30.0 ☐ N or ☒ S, Range 66.0 ☐ E or ☒ W
DISTANCES FROM SEC. LINES: _____ ft. from ☐ N or ☐ S section line and _____ ft. from ☐ E or ☐ W section line.
SUBDIVISION: Bighorn Sheep Ranchettes, LOT 20, BLOCK ____, FILING (UNIT) ____
Optional GPS Location: GPS Unit must use the following settings: Format must be **UTM**, Units must be **meters**, Datum must be **NAD83**, Unit must be set to **true N**, ☐ Zone 12 or ☒ Zone 13
Owner's Well Designation: _____
Easting: 523819.0
STREET ADDRESS AT WELL LOCATION:
Northing: 4140401.0

4. GROUND SURFACE ELEVATION 7267 feet DRILLING METHOD Air Rotary
DATE COMPLETED 2/16/14 TOTAL DEPTH 525 feet DEPTH COMPLETED 526 feet

5. GEOLOGIC LOG:

Depth	Type	Grain Size	Color	Water Loc.
0-3	Top soil		Brown	
3-10	Sand Stone		Grey	
10-25	Sand Stone		Tan	
25-100	Shall		grey	
100-150	Sand Stone		grey	
150-275	Shall		grey	
275-350	Sand Stone		grey	
350-400	Shall		grey	
400				water
400-525	Sand Stone		gray	

6. HOLE DIAM (in.)

	From (ft)	To (ft)
10	0	40
6 1/8	40	525

7. PLAIN CASING:

OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)
7	Steel	1.88	1	40
4 1/2	PVC	Sch 40	40	525

PERFORATED CASING: Screen Slot Size (in): ____

8. FILTER PACK:
Material _____
Size _____
Interval _____

9. PACKER PLACEMENT:
Type K
Depth 40

10. GROUTING RECORD

Material	Amount	Density	Interval	Placement
Cement	12 bags	Slurry	40	poor

Remarks: _____

11. DISINFECTION: Type _____ Amt. Used _____

12. WELL TEST DATA: ☐ Check box if Test Data is submitted on Form Number GWS 39 Supplemental Well Test.
TESTING METHOD Air Lift
Static Level 400 ft. Date/Time measured: 2/16/14, Production Rate 15 gpm.
Pumping Level _____ ft. Date/Time measured _____, Test Length (hrs) _____.
Remarks:

13. 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:	Phone:	License Number:
Timberline Drilling	(719) 746-2981	955

Mailing Address: PO Box 843 Walsenburg Colo 81089

Signature:	Print Name and Title	Date:
Robert Pfaffenbauer	Robert Pfaffenbauer Timberline Drilling	4/4/14