

FORM NO. GWS-32 04/2012	<b>PUMP INSTALLATION AND TEST REPORT</b> <b>STATE OF COLORADO, OFFICE OF THE STATE ENGINEER</b> 1313 Sherman St., Room 821, Denver, CO 80203 Main (303) 866-3581 Fax (303) 866-3589, <a href="mailto:cwrpermitsonline@state.co.us">cwrpermitsonline@state.co.us</a>	For Office Use Only  <div style="text-align: center;"> <b>RECEIVED</b>   <b>MAY 16 2014</b>           WATER RESOURCES STATE ENGINEER COLO       </div>
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1. WELL PERMIT NUMBER: 216677-A

2. WELL OWNER INFORMATION

NAME OF OWNER James Gollner

MAILING ADDRESS 25576 Golden Springs Drive

CITY <u>Dana Pointe</u>	STATE <u>CA</u>	ZIP CODE <u>92629</u>
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TELEPHONE # (area code) 949 295 3473

3. WELL LOCATION AS DRILLED: \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4 Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ N or \_\_\_\_\_ S, Range \_\_\_\_\_ E or \_\_\_\_\_ W

DISTANCES FROM SEC. LINES: \_\_\_\_\_ ft. from \_\_\_\_\_ N or \_\_\_\_\_ S section line and \_\_\_\_\_ ft. from \_\_\_\_\_ E or \_\_\_\_\_ W section line.

SUBDIVISION: \_\_\_\_\_ LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ FILING (UNIT) \_\_\_\_\_

Optional GPS Location: GPS Unit must use the following settings: Format must be UTM, Units Easting: 523819  
must be meters, Datum must be NAD83, Unit must be set to true N, Zone 12 or Zone 13 Northing: 4140401

STREET ADDRESS AT WELL LOCATION: \_\_\_\_\_

4. PUMP DATA: Type: Sub Date Installed(mm/dd/yyyy): 4-22-14

Pump Manufacturer: Berkley Pump Model No. B7P4M515231

Design GPM: 7 at RPM 3450 HP 1.5 Volts 230 Full Load Amps 10

Pump Intake Depth: 495 Feet, Drop/Column Pipe Size Inches, 1 Kind of Drop Pipe PVE sch 120

ADDITIONAL INFORMATION FOR PUMPS GREATER THAN 50 GPM: Turbine Driver Type  Electric  Engine  Other \_\_\_\_\_

Design Head	feet	Number of Stages	Shaft size	inches

5. 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 \_\_\_\_\_

6. TEST DATA: check box if Test Data is submitted on Supplemental Form.

Date: 4-22-14

Total Well Depth: 525 ft. Time: 12:00PM

Static Level: 400 ft. Rate (gpm): 7

Date Measured: 4-22-14 Pumping Level (ft): 495

7. DISINFECTION: Type Bleach Amt. Used 42 gal

8. Water Quality analysis available  Yes  No If yes, please submit with this report.

9. Remarks: \_\_\_\_\_

10. I have read the statements made herein and know the contents thereof, and they are true to my knowledge. By signing or entering my name I am certifying 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: <u>Dave's Pump Service</u>	Phone w/area code: <u>719 459 2296</u>	License Number: <u>1429</u>
Mailing Address: <u>Po Box 3 Aye, Co. 81069</u>		
Sign or Enter Name and Title: <u>Dave Volante</u>		Date (mm/dd/yyyy): <u>5-11-14</u>