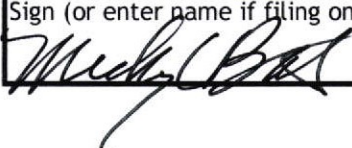


Form No. GWS-32 10/2016	<b>PUMP INSTALLATION AND PRODUCTION EQUIPMENT TEST REPORT</b> State of Colorado, Office of the State Engineer 1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581 <a href="http://www.water.state.co.us">www.water.state.co.us</a> and <a href="mailto:dwrpermitsonline@state.co.us">dwrpermitsonline@state.co.us</a>		For Office Use Only  <b>RECEIVED</b>  <b>JUL 20 2018</b>  <b>WATER RESOURCES STATE ENGINEER COLO</b>
1. Well Permit Number: 303958		Receipt Number: 3677432	
2. Owner's Well Designation:			
3. Well Owner Name: PETER KOVACEVICH			
4. Well Location Street Address: 39466 HWY 24, LAKE GEORGE			
5. GPS Well Location: <input type="checkbox"/> Zone 12 <input checked="" type="checkbox"/> Zone 13 Easting: 469487.9 Northing: 4312966.68 County: PARK			
6. Legal Well Location: SW 1/4, NE 1/4, Sec. 32 Twp. 12 <input type="checkbox"/> N or S <input checked="" type="checkbox"/> , Range 71 <input type="checkbox"/> E or W <input checked="" type="checkbox"/> Distances from Section Lines: _____ ft. from <input type="checkbox"/> N or S <input type="checkbox"/> sec. line, and _____ ft. from <input type="checkbox"/> E or W <input type="checkbox"/> sec. line Subdivision: ELEVEN MILE RANCH _____, Lot _____, Block _____, Filing (Unit) _____			
7. Check Installation Type: <input checked="" type="checkbox"/> Initial Pump Installation <input type="checkbox"/> Replacement Pump <input type="checkbox"/> Change in Depth Only <input type="checkbox"/> Repair			
8. Pump Data: Type: SUBMERSIBLE Date Installed(mm/dd/yyyy): 06/20/2018 Pump Manufacturer: GOULDS Pump Model No. 7GS15 Design GPM: 7 at RPM _____ HP 1.5 Volts 230 Full Load Amps 10.0 Pump Intake Depth: 478 Feet, Drop/Column Pipe Size Inches, 1 Kind of Drop Pipe SCH 80 PVC Additional Information for Pumps Greater Than 50 GPM: Turbine Driver Type: <input type="checkbox"/> Electric <input type="checkbox"/> Engine <input type="checkbox"/> Other _____ Design Head: _____ feet Number of Stages: _____ Shaft size: _____ inches			
9. Other Equipment: Airline Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No, Orifice Depth ft. _____ Monitor Tube Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No, Depth ft. _____ Flow Meter Mfg. _____ Meter Serial No. _____ Meter Readout: <input type="checkbox"/> Gallons, <input type="checkbox"/> Thousand Gallons, <input type="checkbox"/> Acre feet Beginning Reading: _____			
10. Cistern Information: Material: _____ Capacity: _____ gallons Date Installed: _____			
11. Production Equipment Test Data: <input type="checkbox"/> check box if data is submitted on Form Number GWS-39 Well Yield Test Report. Date: 6/20/18 Total Well Depth: 500 ft. Time: 02:00 Static Level: 46 ft. Rate (gpm): 9.7 GPM Date Measured: 06/20/2018 Pumping Level (ft): 478 FEET			
12. Disinfection: Type: GRANULAR CHLORINE Amt. Used: 2 1/4 CUP(S) (100 PPM)			
13. Notification: Was Advanced Notification Required Prior to Installation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Date Notification Given: _____			
14. Water Quality analysis available: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please submit with this report.			
15. Remarks: WELL PRODUCED 1 GPM WHEN DRILLED ON 04/19/2018.			
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: BLACK MOUNTAIN PUMP SERVICE, INC.	Email: bmmick@q.com & mcjbates@aol.com	Phone w/area code: (719) 687-7210	License Number: LIC. #1344
Mailing Address: PO BOX 783, DIVIDE, COLORADO 80814			
Sign (or enter name if filing online) 	Print Name and Title MICK L. BATES, PRESIDENT	Date: 07/17/2018	