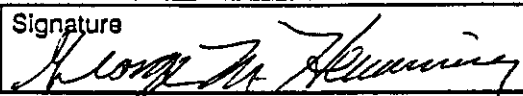


FORM NO. GWS-32 11/90	PUMP INSTALLATION AND TEST REPORT STATE OF COLORADO, OFFICE OF THE STATE ENGINEER	For Office Use only RECEIVED NOV 16 '94 WATER RESOURCES STATE ENGINEER COLO.																												
1. WELL PERMIT NUMBER <u>178912</u>																														
2. OWNER NAME(S) <u>MR. HILL</u> Mailing Address <u>2109 LEE CIRCLE</u> City, St. Zip <u>WOODLAND PARK, CO. 80863</u> Phone (<u>719</u>) <u>687-7291</u>																														
3. WELL LOCATION AS DRILLED: SW <u>1/4</u> SE <u>1/4</u> , Sec. <u>8</u> Twp. <u>13</u> S, Range <u>70</u> W DISTANCES FROM SEC. LINES: <u>990</u> ft. from <u>South</u> Sec. line. and <u>2000</u> ft. from <u>East</u> Sec. line. <small>(north or south)</small> <small>(east or west)</small> SUBDIVISION: <u>TWIN ROCK</u> LOT <u>112</u> BLOCK _____ FILING(UNIT) _____ STREET ADDRESS AT WELL LOCATION: <u>37 QUARTZ RD.</u>																														
4. PUMP DATA: Type <u>SUBMERSIBLE</u> Installation Completed <u>10/4/94</u> Pump Manufacturer <u>RED JACKET</u> Pump Model No. <u>216191</u> Design GPM <u>5 GPM</u> at RPM <u>3450</u> , HP <u>1 1/2</u> , Volts _____, Full Load Amps _____ Pump Intake Depth <u>570'</u> Feet, Drop/Column Pipe Size <u>ONE</u> Inches, Kind <u>SCHEDULE 80 PVC</u> ADDITIONAL INFORMATION FOR PUMPS GREATER THAT 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.																														
5. 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, <input type="checkbox"/> Beginning Reading _____																														
6. TEST DATA: <input type="checkbox"/> Check box if Test data is submitted on Supplemental Form. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Total Well Depth</td> <td style="width:15%;"><u>600'</u></td> <td style="width:10%;">Date</td> <td style="width:15%;"><u>10/4/94</u></td> <td style="width:15%;"><u>10/4/94</u></td> <td style="width:15%;"><u>10/4/94</u></td> <td style="width:15%;"><u>10/4/94</u></td> </tr> <tr> <td>Static Level</td> <td><u>20'</u></td> <td>Time</td> <td><u>12:45</u></td> <td><u>12:55</u></td> <td><u>1:25</u></td> <td><u>2:30</u></td> </tr> <tr> <td>Date Measured</td> <td><u>10/4/94</u></td> <td>Rate (GPM)</td> <td><u>.25 GPM</u></td> <td><u>.25 GPM</u></td> <td><u>.25 GPM</u></td> <td><u>.25 GPM</u></td> </tr> <tr> <td></td> <td></td> <td>Pumping Lvl.</td> <td><u>570'</u></td> <td><u>570'</u></td> <td><u>570'</u></td> <td><u>570'</u></td> </tr> </table>		Total Well Depth	<u>600'</u>	Date	<u>10/4/94</u>	<u>10/4/94</u>	<u>10/4/94</u>	<u>10/4/94</u>	Static Level	<u>20'</u>	Time	<u>12:45</u>	<u>12:55</u>	<u>1:25</u>	<u>2:30</u>	Date Measured	<u>10/4/94</u>	Rate (GPM)	<u>.25 GPM</u>	<u>.25 GPM</u>	<u>.25 GPM</u>	<u>.25 GPM</u>			Pumping Lvl.	<u>570'</u>	<u>570'</u>	<u>570'</u>	<u>570'</u>	
Total Well Depth	<u>600'</u>	Date	<u>10/4/94</u>	<u>10/4/94</u>	<u>10/4/94</u>	<u>10/4/94</u>																								
Static Level	<u>20'</u>	Time	<u>12:45</u>	<u>12:55</u>	<u>1:25</u>	<u>2:30</u>																								
Date Measured	<u>10/4/94</u>	Rate (GPM)	<u>.25 GPM</u>	<u>.25 GPM</u>	<u>.25 GPM</u>	<u>.25 GPM</u>																								
		Pumping Lvl.	<u>570'</u>	<u>570'</u>	<u>570'</u>	<u>570'</u>																								
7. DISINFECTION: Type <u>HTH</u> Amt. Used <u>3</u> Cups																														
8. Water Quality analysis available. <input type="checkbox"/> Yes <input type="checkbox"/> No																														
9. Remarks _____ _____ _____ _____																														
10. I have read the statements made herein and know the contents thereof, and that they are true to my knowledge. [Pursuant to Section 24-4-104 (13)(a) C.R.S., the making of false statements herein constitutes perjury in the second degree and is punishable as a class 1 misdemeanor.]																														
CONTRACTOR <u>WOODLAND PUMP & SUPPLY CO, INC.</u> Phone <u>(719) 687-9364</u> Lic. No. <u>1079</u> Mailing Address <u>P.O. BOX 69 WOODLAND PARK, CO.</u>																														
Name/Title (Please type or print) <u>GEORGE M HEMMING, PRESIDENT</u>	Signature 	Date <u>10/4/94</u>																												

WELL CONSTRUCTION AND TEST REPORT
STATE OF COLORADO, OFFICE OF THE STATE ENGINEER

For Office Use only
RECEIVED

NOV 17 '94

WATER RESOURCES
STATE ENGINEER
COLO.

1. WELL PERMIT NUMBER 178912

2. OWNER NAME(S) Kendra Hill
Mailing Address 2109 Lee Circle
City, St. Zip Woodland Park, Colo 80863
Phone (719) 687-7291

3. WELL LOCATION AS DRILLED: SW 1/4 SE 1/4, Sec. 8 Twp. 13 S, Range 70 W
DISTANCES FROM SEC. LINES:
_____ ft from _____ Sec. line. and _____ ft. from _____ Sec. line. OR
(north or south) (east or west)
SUBDIVISION: Twin Rock LOT 112 BLOCK _____ FILING(UNIT) _____
STREET ADDRESS AT WELL LOCATION: _____

4. GROUND SURFACE ELEVATION _____ ft. DRILLING METHOD Air Percussion
DATE COMPLETED 9-21-94 . TOTAL DEPTH 600 ft. DEPTH COMPLETED 600 ft.

5. GEOLOGIC LOG:

Depth	Description of Material (Type, Size, Color, Water Location)
0	30 Decomposed
30	300 Rose granite
300	450 Rose gray granite
450	600 Rose granite

REMARKS: _____

6. HOLE DIAM. (in.) From (ft) To (ft)

<u>9 1/2</u>	<u>0</u>	<u>20</u>
<u>6</u>	<u>20</u>	<u>600</u>

7. PLAIN CASING

OD (in)	Kind	Wall Size	From(ft)	To(ft)
<u>6 5/8</u>	<u>steel</u>	<u>188</u>	<u>+1</u>	<u>20</u>
<u>4</u>	<u>pvc</u>	<u>200</u>	<u>10</u>	<u>560</u>

PERF. CASING: Screen Slot Size:
4 pvc _____ 560 600

8. FILTER PACK:
Material NA
Size _____
Interval _____

9. PACKER PLACEMENT:
Type NA
Depth _____

10. GROUTING RECORD:

Material	Amount	Density	Interval	Placement
<u>portland</u>	<u>2 sack</u>	<u>5gps</u>	<u>20-5</u>	<u>Hand pour & vibrate</u>

11. DISINFECTION: Type chlorine tablets Amt. Used 2 cups

12. WELL TEST DATA: Check box if Test Data is submitted on Form No. GWS 39 Supplemental Well Test.
TESTING METHOD Air
Static Level 20 ft. Date/Time measured 9-21-94 . Production Rate 10gph before frac
Pumping level 599(air) ft. Date/Time measured 9-21-94 . Test length (hrs.) 2 1/2 gpm after
Remarks _____

13. I have read the statements made herein and know the contents thereof, and that they are true to my knowledge. [Pursuant to Section 24-4-104 (13)(a) C.R.S., the making of false statements herein constitutes perjury in the second degree and is punishable as a class 1 misdemeanor.]

CONTRACTOR Woods Drilling, Inc Phone (719) 687-2384 Lic. No. 1123
Mailing Address Box 211 Woodland Park, Colo 80866

Name/Title (Please type or print) <u>William D woods/ Vice Pres.</u>	Signature <u>William D. Woods</u>	Date <u>11/16/94</u>
---	--------------------------------------	-------------------------

INSTRUCTIONS FOR WELL CONSTRUCTION AND TEST REPORT

The report must be typed or printed in **BLACK INK**. All changes on the form must be initialed and dated. Attach additional sheets if more space is required. Each additional sheet must be identified at the top by the well owner's name, the permit number, form name/number and a sequential page number. Report depths in feet below ground surface.

This form may be reproduced by photocopy methods, or by computer generation with prior approval by the State Engineer.

The original and one copy of this form must be submitted to the State Engineer's Office within 60 days after completing the well or 7 days after the permit expiration date, whichever is earlier. Another copy of the form must be provided to the well owner.

1. Complete the Well Permit Number in full.
- ~~2. Fill in Name and Mailing Address of Well Owner where correspondence should be sent.~~
3. Complete the blocks for the actual location of the well where drilled. If the owner has more than one well serving this property, provide the identification (**Owner's Designation**) for this well. **DO NOT USE THE OWNER SUPPLIED LOCATION** unless a survey has been provided. For wells located in subdivisions the lot, block and subdivision information must also be provided.
4. Report the ground surface elevation in feet above sea level if available. This value may be obtained from a topographic map. Describe the drilling method used to construct the well and the date completed. Indicate the total depth drilled and the actual completed depth of the well.
5. Fully describe the materials encountered in drilling. Do not use formation names unless they are in conjunction with a description of materials.
Examples of descriptive terms include:
 Grain size--Boulders, gravel, sand, silt, clay.
 Hardness--Loose, soft, tight, hard, very hard.
 Color--All materials. Most critical in sedimentary rock.
 Depth when water is encountered (if it can be determined).
6. Provide the diameters of the drilled bore hole.
7. The outside diameter, kind, wall thickness and interval of casing lengths must be indicated.
8. Indicate the type and size of filter (gravel) pack and the interval where placed.
9. Indicate the type and setting depth for any packers installed.
10. The density of the grout slurry must be reported and may be indicated as pounds per gallon, gallons of water per sack, total gallons of water and number of sacks used, etc. Specify the grout placement method, i.e. tremie pipe or positive displacement. The percentage of additives mixed with the grout should be reported under remarks.
11. Record the type and the amount of disinfection used, how placed and the length of time left in the hole.
12. Report well test data as required by Rule 10.7. Spaces are provided to report all measurements made during the test. The report should show that the test complied with the provisions of the rules. If a test was not performed explain when it will be done. If available, report clock time when measurements were taken.
13. Fill in **Company Name and Address of Contractor** who constructed the well. The report must be signed by the licensed contractor responsible for the construction of the well.

RECEIVED

MAY 02 '94

WATER RESOURCES
STATE ENGINEER
-600-

PERMIT APPLICATION FORM

Application must be complete where applicable. Type or print in BLACK INK. No overstrikes or erasures unless initialed.

- (X) A PERMIT TO USE GROUND WATER
- (X) A PERMIT TO CONSTRUCT A WELL
- FOR: (X) A PERMIT TO INSTALL A PUMP
- () REPLACEMENT FOR NO. _____
- () OTHER _____
- WATER COURT CASE NO. _____

18912

60.00

(1) APPLICANT - mailing address

NAME Kendra Hill

STREET 2109 Lee Circle Dr.

CITY Woodland Park, Co. 80863
(State) (Z:0)

TELEPHONE NO. _____

(2) LOCATION OF PROPOSED WELL

County Teller

SW $\frac{1}{4}$ of the SE $\frac{1}{4}$, Section 8

Twp. 13 S. Rng. 70 W. 6th P.M.
(N.S) (E.W)

(3) WATER USE AND WELL DATA

Proposed maximum pumping rate (gpm) 15

Average annual amount of ground water to be appropriated (acre-feet): one

Number of acres to be irrigated: 0

Proposed total depth (feet): 200'

Aquifer ground water is to be obtained from:
granite

Owner's well designation household

GROUND WATER TO BE USED FOR:

- (X) HOUSEHOLD USE ONLY - no irrigation (0)
- () DOMESTIC (1) () INDUSTRIAL (5)
- () LIVESTOCK (2) () IRRIGATION (6)
- () COMMERCIAL (4) () MUNICIPAL (8)
- () OTHER (9) _____

DETAIL THE USE ON BACK IN (11)

(4) DRILLER

Name Woods Drilling, Inc.

Street Box 211

City Woodland Park, Co. 80866
(State) (Z:0)

Telephone No. 687-2384 Lic. No. 996

FOR OFFICE USE ONLY: DO NOT WRITE IN THIS COLUMN

Receipt No. 369031

Basin _____ Dist. _____

CONDITIONS OF APPROVAL

This well shall be used in such a way as to cause no material injury to existing water rights. The issuance of the permit does not assure the applicant that no injury will occur to another vested water right or preclude another owner of a vested water right from seeking relief in a civil court action.

A
1.5
lot 112
Twin Rock

APPLICATION APPROVED

PERMIT NUMBER _____

DATE ISSUED _____

EXPIRATION DATE _____

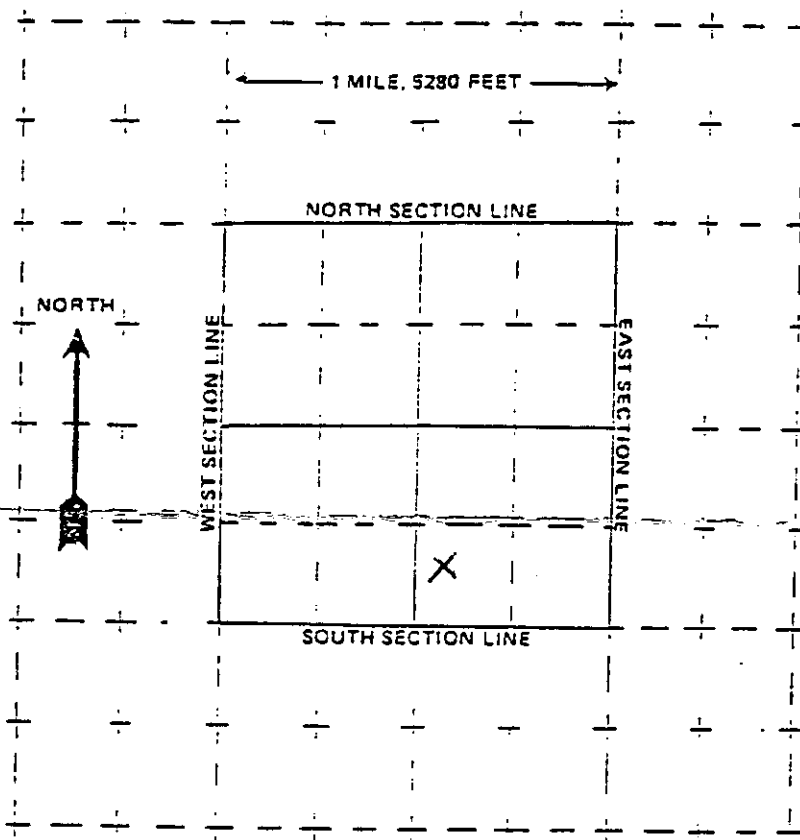
(STATE ENGINEER)

BY _____

I.D. 1 COUNTY 60-23

CHEQUE 05-02-94CL-69031

(5) THE LOCATION OF THE PROPOSED WELL and the area on which the water will be used must be indicated on the diagram below. Use the CENTER SECTION (1 section, 640 acres) for the well location.



The scale of the diagram is 2 inches = 1 mile
Each small square represents 40 acres.

WATER EQUIVALENTS TABLE (Rounded Figures)

An acre-foot covers 1 acre of land 1 foot deep
1 cubic foot per second (cfs) . . . 449 gallons per minute (gpm)
A family of 5 will require approximately 1 acre-foot of water per year.
1 acre-foot . . . 43,560 cubic feet . . . 325,900 gallons.
1,000 gpm dumped continuously for one day produces 4.42 acre-feet.

(6) THE WELL MUST BE LOCATED BELOW by distances from section lines.

990 ft. from South sec. line
(north or south)

2000 ft. from East sec. line
(east or west)

LOT 112 BLOCK X FILING # X
SUBDIVISION Twin Rock

(7) TRACT ON WHICH WELL WILL BE LOCATED Owner: applicant

No. of acres APPROX 1 1/2 . Will this be the only well on this tract? Yes

(8) PROPOSED CASING PROGRAM

Plain Casing

6 5/8 in. from +1 ft. to 20 ft.

4 in. from 10 ft. to 180 ft.
Perforated casing

4 in. from 180 ft. to 200 ft.

in. from ft. to ft.

(9) FOR REPLACEMENT WELLS give distance and direction from old well and plans for plugging it:

(10) LAND ON WHICH GROUND WATER WILL BE USED:

Owner(s): Kendra Hill No. of acres: approx 1 1/2

Legal description: SW 1/4 of the SE 1/4 Sec. 8 Twp. 13 S. Rng 70 W. of the 6th P.M.

(11) DETAILED DESCRIPTION of the use of ground water: Household use and domestic wells must indicate type of disposal system to be used.

Household use County approved septic system & leach field

(12) OTHER WATER RIGHTS used on this land, including wells. Give Registration and Water Court Case Numbers.

Type or right	Used for (purpose)	Description of land on which used
NA		

(13) THE APPLICANT(S) STATE(S) THAT THE INFORMATION SET FORTH HEREON IS TRUE TO THE BEST OF HIS KNOWLEDGE.

Kendra M. Hill
SIGNATURE OF APPLICANT(S)

OFFICE OF THE STATE ENGINEER
COLORADO DIVISION OF WATER RESOURCES

818 Centennial Bldg., 1313 Sherman St., Denver, Colorado 80203
(303) 866-3581

WELL PERMIT NUMBER 178912	
DIV. 1	CNTY. 60 WD 23 DES. BASIN MD

APPLICANT

KENDRA HILL
2109 LEE CIR DR
WOODLAND PARK CO 80863

Lot: 112 Block: Filing: Subdiv: TWIN ROCK

APPROVED WELL LOCATION
TELLER COUNTY

SW 1/4 SE 1/4 Section 8
Twp 13 S RANGE 70 W 6th P.M.

DISTANCES FROM SECTION LINES

990 Ft. from South Section Line
2000 Ft. from East Section Line

PERMIT TO CONSTRUCT A WELL

ISSUANCE OF THIS PERMIT DOES NOT CONFER A WATER RIGHT
CONDITIONS OF APPROVAL

- 1) This well shall be used in such a way as to cause no material injury to existing water rights. The issuance of the permit does not assure the applicant that no injury will occur to another vested water right or preclude another owner of a vested water right from seeking relief in a civil court action.
- 2) The construction of this well shall be in compliance with the Water Well Construction and Pump Installation Rules 2 CCR 402-2, unless approval of a variance has been granted by the State Board of Examiners of Water Well Construction and Pump Installation Contractors in accordance with Rule 17.
- 3) Approved pursuant to CRS 37-92-602(3)(b)(II)(A) as the only well on a residential site of 1.5 acres described as lot 112, Twin Rock Subdivision, Teller County.
- 4) The use of ground water from this well is limited to ordinary household purposes inside a single family dwelling. The ground water shall not be used for irrigation or other purposes.
- 5) The maximum pumping rate shall not exceed 15 GPM.
- 6) The return flow from the use of the well must be through an individual waste water disposal system of the non-evaporative type where the water is returned to the same stream system in which the well is located.
- 7) This well shall be constructed not more than 200 feet from the location specified on this permit.

ksm 6110194

APPROVED
DWR

Hel D. Sorenson

State Engineer

M.A. Malley

By

Receipt No. 0369031

DATE ISSUED JUN 14 1994

EXPIRATION DATE JUN 14 1996



ORIGINAL PERMIT APPLICANT(S)

KENDRA HILL

APPROVED WELL LOCATION

Water Division: 1 Water District: 23
 Designated Basin: N/A
 Management District: N/A
 County: TELLER
 Parcel Name: TWIN ROCK
 Lot: 112 Block: Filing:
 Physical Address: 37 QUARTZ ROAD FLORISSANT, CO 80816
 SW 1/4 SE 1/4 Section 8 Township 13.0 S Range 70.0 W Sixth P.M.

UTM COORDINATES (Meters, Zone: 13, NAD83)

Easting: 479262.2 Northing: 4309041.4

See the original well permit file for permit conditions of approval and additional details. The original permit file can be viewed using the Well Permit Search Tool at www.water.state.co.us

See Original Permit	Date Issued: 6/14/1994
Issued By _____	Expiration Date: 6/14/1996

PERMIT HISTORY

08-31-2020	CHANGE IN OWNER NAME/MAILING ADDRESS. CHANGED TO BILL BRADLEY
08-31-2020	CHANGE IN OWNER NAME/MAILING ADDRESS. CHANGED TO CHERYL BRADLEY

Form No.
GWS-11
08/2016

STATE OF COLORADO
OFFICE OF THE STATE ENGINEER
1313 Sherman St., Ste 821, Denver, CO 80203
(303)866-3581
dwrpermitsonline@state.co.us

For Office Use Only

RECEIVED

8/31/2020

WATER RESOURCES
STATE ENGINEER
COLO

CHANGE IN OWNER NAME/ ADDRESS
CORRECTION OF THE WELL LOCATION

PRIOR TO COMPLETING THIS FORM, SEE INSTRUCTIONS ON REVERSE SIDE
INCOMPLETE, POOR QUALITY, OR ILLEGIBLE FORMS CANNOT BE PROCESSED AND WILL BE RETURNED

Name, address and phone of person claiming ownership of the well permit:

NAME(S): Bill Bradley and Cheryl Bradley

Mailing Address: 37 QUARTZ

City, ST, Zip: FLORISSANT CO 80816

Phone: (719) 694-6698 Email: c.b.bradley@comcast.net; gentlehearted@comcast.net

Well Permit Number: 178912 Receipt Number: 0369031 Case Number: _____

37 Quartz Road Florissant CO 80816
Street Address at Well Location City State Zip

Check if well address is same as owner's mailing address

SW1/4 of the SE1/4, Sec.8, Twp. 13 N. or S., Range 70 E. or W., S P.M.

Distance from Section Line: 990 Ft. From N. or S., 2000 Ft. From E., or W. Line.

OR: GPS well location information in UTM format. You must check GPS unit for required settings as follows:
Format must be UTM, zone 12 or zone 13; Units must be meters; Datum must be NAD83; Unit must be set to true north.

Subdivision Name Twin Rock Lot 111A (formerly Lot 111 and 112), Block _____, Filing/Unit _____

NOTE: If changing/correcting the permitted location of a well, use Form No. GWS-42.

I (we) claim and say that I (we) (are) the owner(s) of the well permit described above, know the contents of the statements made herein, and state that they are true to my (our) knowledge. This filing is made pursuant to C.R.S. 37-90-143.

Signature(s) of the new owner

Bill Bradley 8/28/2020
Cheryl Bradley

Please print the Signer's Name & Title

Bill Bradley
Cheryl Bradley

Date

8/28/2020
8/28/2020

It is the responsibility of the new owner of this well permit to complete and sign this form. If an agent is signing or entering information, please see instructions.

Please allow 4 to 6 weeks for processing of this form. Thereafter, you can view or print the accepted document at:
<http://www.dwr.state.co.us/WellPermitSearch>

Signature of DWR staff indicates acceptance as a Change of Owner Name and/or Mailing Address
For Staff Use Only

Tammy Poindexter

Staff Signature

9/22/2020

Date