Form No. GWS-31 10/2016	**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 APR 02 2019 WATER RESOURCES STATE ENGINEER COLO

1. Well Permit Number: 311618 **Receipt Number:** 3688970

2. Owner's Well Designation:

3. Well Owner Name: EVAN BARK, PO BOX 1322, CANON CITY, CO 81212

4. Well Location Street Address:

5. GPS Well Location: ☐ Zone 12 ☒ Zone 13 Easting: 440742.0 Northing: 4267939 **County:** FREMONT

6. Legal Well Location: _____ 1/4, _____ 1/4, Sec., _____ Twp.____ ☐ N or S ☐, Range _____ ☐ E or W ☐, _____ P.M.
Distances from Section Lines: _____ ft. from ☐ N or S ☐ section line, and _____ ft. from ☐ E or W ☐ section line
Subdivision: _____, Lot _____, Block _____, Filing (Unit) _____

7. Ground Surface Elevation: 9200 feet **Date Completed:** 03/27/2019 **Drilling Method:** AIR PERCUSSION

8. Completed Aquifer Name : _____ **Total Depth:** 145 feet **Depth Completed:** 145 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.
0-8	CLAY,ROCKS		BROWN	
8-145	VOLCANIC		GRAY	99

12. Hole Diameter (in.)

	From (ft)	To (ft)
8.75	0	39
6	39	145

13. Plain Casing

OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)
6 5/8	STEEL	188	+1	39
4.5	PVC	250	25	85

Perforated Casing

OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)
4.5	PVC	250	85	145

14. Filter Pack:
Material _____
Size _____
Interval _____

15. Packer Placement:
Type _____
Depth _____

16. Grouting Record

Material	Amount	Density	Interval	Placement
CEMENT	35GAL	7BAGS	0-39	POURED & VIBRATED

Remarks:

17. Disinfection: Type HTH Amt. Used 2OZ

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 LIFT
Static Level: 88
Date/Time measured: 03/27/2019
Estimated Production Rate 8 gpm.
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	bo@americandrilling.co	(719) 942-3568	1280

Mailing Address: 9934 HWY 50, HOWARD, CO 81233

Sign (or enter name if filing online)	Print Name and Title	Date:
Bradford Dewberry	BRADFORD DEWBERRY - PRESIDENT	03/28/2019