

FORM NO.
GWS-32
10/94

PUMP INSTALLATION AND TEST REPORT
STATE OF COLORADO, OFFICE OF THE STATE ENGINEER

For Office Use only

RECEIVED

JAN 25 2000

WATER RESOURCES
STATE ENGINEER
COLO.

1. WELL PERMIT NUMBER 216321

2. OWNER NAME(S) BRIAN STRINGER
Mailing Address 724 CHEYENNE DR.
City, St. Zip FORT COLLINS, CO 80528
Phone (970) 495-0265

3. WELL LOCATION AS DRILLED: NE 1/4 SE 1/4, Sec. 26 Twp. 3N, Range 76 W
DISTANCES FROM SEC. LINES:
2540 ft. from SOUTH Sec. line. and 1070 ft. from EAST Sec. line.
(north or south) (east or west)
SUBDIVISION: LAKE FOREST LOT 3 BLOCK 3 FILING(UNIT) 1
STREET ADDRESS AT WELL LOCATION: _____

4. PUMP DATA: Type SUBMERSIBLE Installation Completed 1-12-00
Pump Manufacturer GOULDS Pump Model No. 7GS10412
Design GPM 7 at RPM 3450, HP 1.0, Volts 230, Full Load Amps 9.8
Pump Intake Depth 380 Feet, Drop/Column Pipe Size 1 Inches, Kind Sch 80 PVC

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 1-12-00
Total Well Depth 400' Time 2 hrs.
Static Level 120 Rate (GPM) 9
Date Measured 1-12-00 Pumping Lvl. 305'

7. DISINFECTION: Type HTH Chlorine Amt. Used 6 oz.

8. Water Quality analysis available. ☐ Yes ☒ No

9. Remarks Installed under the supervision of Joe Pierce for
ABBOTT'S PUMP CO
5980 EVERETT ST.
ARVADA CO 80004
(303) 463-8199

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 PIERCE PUMP CO Phone (303) 980-9544 Lic. No. 1002
Mailing Address 12407 W 2nd PL 14-104 LAKEWOOD, CO 80228

Name/Title (Please type or print)

PIERCE-ADVISOR

Signature

J. L. Pierce

Date

1-18-2000

INSTRUCTIONS FOR PUMP INSTALLATION 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.

If this form is submitted in conjunction with the Well Completion and Test Report, form number GWS-31, **ONLY THE PERMIT NUMBER AND OWNER NAME NEED TO BE COMPLETED** in items 1 and 2.

1. Complete the **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. For wells located in subdivisions the lot, block and subdivision information must also be provided.
4. Indicate the type of pump installed and complete the requested information. When installing pumps greater than 50 gpm, complete the additional information in this area.
5. Provide the information on other equipment which may be installed in the well.
6. Report test data as required by Rule 14.4. 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.
7. Record the type and the amount of disinfection used, how placed and the length of time left in the hole.
8. Indicate if a water quality analysis was performed and submit a copy of the report if available.
9. Use the remarks area to note any additional information including additional equipment installed, water supply construction problems.
10. Fill in **Company Name and Address of Contractor** who installed pumping equipment. The report must be signed by the licensed contractor responsible for the installation of pumping equipment.

WELL CONSTRUCTION AND TEST REPORT

STATE OF COLORADO, OFFICE OF THE STATE ENGINEER

1313 Sherman St., Rm 818, Denver, CO 80203

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JUL 02 1999

WATER RESOURCES
STATE ENGINEER
COLO.1. WELL PERMIT NUMBER 2163212. OWNER NAME(S) Brian Stringer
Mailing Address 2002 Battlecreek Drive/ Apt. 14205
City, St. Zip Fort Collins, Co. 80528
Phone (970) 495-02653. WELL LOCATION AS DRILLED: NE 1/4 SE 1/4, Sec. 26 Twp. 3 N Range 76 W
DISTANCES FROM SEC. LINES:
2540 ft. from South Sec. line. and 1070 ft. from East Sec. line. OR
(north or south) (east or west)
SUBDIVISION: Lake Forest LOT 3 BLOCK 3 FILING(UNIT) 1
STREET ADDRESS AT WELL LOCATION:4. GROUND SURFACE ELEVATION Unknown ft. DRILLING METHOD Air
DATE COMPLETED June 12, 1999 TOTAL DEPTH 400 ft. DEPTH COMPLETED 400 ft.

5. GEOLOGIC LOG:

Depth	Description of Material (Type, Size, Color, Water Location)
0	3 Clay
3	15 Boulders
15	195 Red clay
195	240 Tan clay
240	245 Water
245	340 Red clay
340	347 Water
347	400 Red clay

HOLE DIAM. (in.)	From (ft)	To (ft)
8	0	23
6 1/8	23	400

7. PLAIN CASING

OD (in)	Kind	Wall Size	From(ft)	To(ft)
6 5/8	Steel	.188	+1	22
4.5	P.V.C.	.214	15	240
4.5	P.V.C.	.214	260	280
4.5	P.V.C.	.214	380	400
PERF. CASING: Screen Slot Size: .032				
4.5	P.V.C.	.214	240	260
4.5	P.V.C.	.214	280	400

8. FILTER PACK:

Material _____
Size _____
Interval _____

9. PACKER PLACEMENT:

Type Rubber
Depth 80 ft.

REMARKS:

10. GROUTING RECORD:

Material	Amount	Density	Interval	Placement
cement	188#	15#	8-20	Poured & vibrated

11. DISINFECTION: Type H. T.H. Amt. Used 8 Oz.12. WELL TEST DATA: ☐ Check box if Test Data is submitted on Form No. GWS 39 Supplemental Well Test.TESTING METHOD Air
Static Level 150 ft. Date/Time measured 6-12-99, Production Rate 9 gpm.
Pumping level 400 ft. Date/Time measured 6-12-99, Test length (hrs.) 1
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 James Drilling Company Phone (303) 420-5181 Lic. No. 1134
Mailing Address 6235 West 56th Avenue Arvada, Co. 80002

Name/Title (Please type or print)

Signature

Date

Michael Keaton, President6-28-99

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. Photocopy reproductions must retain margins and print quality of the original form.

The original 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.

A 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.

OFFICE OF THE STATE ENGINEER
COLORADO DIVISION OF WATER RESOURCES

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

LIC

APPLICANT

WELL PERMIT NUMBER **216321**
DIV. 5 CNTY. 25 WD 51 DES. BASIN MD

Lot: 3 Block: 2 Filing: 1 Subdiv: LAKE FOREST

BRIAN STRINGER
724 CHEYENNE DR
FORT COLLINS CO 80525-

(970)495-0265

APPROVED WELL LOCATION
GRAND COUNTY

NE 1/4 SE 1/4 Section 26
Twp 3 N RANGE 76 W 6th P.M.

DISTANCES FROM SECTION LINES

2540 Ft. from South Section Line
1070 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 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 18.
- 3) Approved pursuant to CRS 37-92-602(3)(b)(II)(A) as the **only well** on a residential site of approximately 0.48 acres (209'x100') described as **lot 3, block 2, filing 1, Lake Forest** Subdivision, Grand 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.
- 8) The application as submitted was missing location and parcel information. This permit has been approved based on additional information provided in the subdivision plat. You have the right to appeal the issuance of this permit, by filing a written request with this office within sixty (60) days of the date of issuance, pursuant to the State Administrative Procedures Act. (See Section 24-4-104 through 106, C.R.S.).

AK
3.16.99

APPROVED
TLC

Hal D. Stringer
State Engineer

Receipt No. 0441183

DATE ISSUED

MAR 17 1999

By

EXPIRATION DATE

Thomas J. Gause
MAR 17 2001

RECEIVED

FEB 08 1999

WATER RESOURCES
STATE ENGINEER
COLG

COLORADO DIVISION OF WATER RESOURCES
DEPARTMENT OF NATURAL RESOURCES
1313 SHERMAN ST., RM. 818, DENVER CO 80203
phone - info: (303) 866-3587 main: (303) 866-3581

NEW HOUSEHOLD USE ONLY

Review instructions prior to completing form

Water Well Permit Application

Must be completed in black ink or typed

1. APPLICANT INFORMATION				6. USE OF WELL	
Name of applicant <u>Brian Stringer</u>				ORDINARY HOUSEHOLD PURPOSES INSIDE ONE SINGLE FAMILY DWELLING (NO OUTSIDE USE)	
Mailing Address <u>724 Cheyenne Dr</u>					
City <u>Fort Collins</u> State <u>CO</u> Zip code <u>80525</u>					
Telephone Number (include area code) <u>970-495-0265</u>				7. WELL DATA	
2. TYPE OF APPLICATION				MAXIMUM PRODUCTION RATE OF THE WELL WILL NOT EXCEED 15 GPM	
CONSTRUCT A NEW HOUSEHOLD USE ONLY WELL ON LESS THAN 35 ACRES				8. TYPE OF RESIDENTIAL SEWAGE SYSTEM	
3. REFER TO (if applicable):				<input type="checkbox"/> Septic tank / absorption leach field	
Monitoring hole acknowledgment # <u>MH-</u>				<input checked="" type="checkbox"/> Central system	
4. LOCATION OF WELL				District name: <u>3 Lakes Water & Sanitation</u>	
County <u>Grand</u> Quarter/quarter <u>SE 1/4</u> Quarter <u>SE 1/4</u>				<input type="checkbox"/> Vault	
Section <u>26</u> Township N or S <u>3</u> Range E or W <u>76</u> Principal Meridian <u>6</u>				Location sewage to be hauled to: _____	
Distance of well from section lines ft. from <input type="checkbox"/> N <input type="checkbox"/> S ft. from <input type="checkbox"/> E <input type="checkbox"/> W				<input type="checkbox"/> Other (attach copy of engineering design)	
Well location address, if different from applicant address (if applicable)				9. PROPOSED WELL DRILLER (optional)	
5. TRACT ON WHICH WELL WILL BE LOCATED				Name <u>License</u> License number _____	
A. You must check one of the following - see instructions				10. SIGNATURE of applicant(s) or authorized agent	
<input checked="" type="checkbox"/> Subdivision: Name <u>Lake Forest</u>				The making of false statements herein constitutes perjury in the second degree, which is punishable as a class 1 misdemeanor pursuant to C.R.S. 24-4-104(13)(a). I have read the statements herein, know the contents thereof and state that they are true to my knowledge.	
Lot # <u>3</u> Block # <u>2</u> Filing/Unit# <u>1</u>				Must be original signature <u>Brian Stringer</u>	
<input type="checkbox"/> County Exemption (copy of county approval & survey must be attached)				Title _____ Date <u>FEB 8, 99</u>	
Exempt. name/# _____ Tract # _____				Office Use Only <u>441183 2-8-99 \$60 CIC</u>	
<input type="checkbox"/> Mining claim (attach copy of deed or survey)				<u>plat 9ile</u>	
Claim name/# _____				<u>Well Look Sub 1</u>	
<input type="checkbox"/> Other (attach legal description to application)				<u>- 1/4 1/4</u>	
B. STATE PARCEL				DWR Map No. <u>21-6 (1957)</u>	
ID# (optional): _____				Trail Mtn <u>21-K</u>	
C. # of acres in tract				Shadow Mtn <u>(1978)</u>	
D.				DIV <u>5</u>	
THIS WILL BE THE ONLY WELL ON THIS TRACT				CO <u>25</u>	
				WD <u>51</u>	
				BA _____	
				USE MD	

HOUSEHOLD USE ONLY - GENERAL INSTRUCTIONS

There are a variety of uses for ground water in Colorado. This form (GWS-49) is to be used when applying for a permit for a NEW well that would be USED FOR ORDINARY HOUSEHOLD USE IN ONE SINGLE-FAMILY DWELLING. This type of well CANNOT be used for outside uses such as the watering of domestic animals and the watering of home gardens and lawns.

This form should not be used in the following cases:

REPLACEMENT of an existing well - Use form GWS-44
If OUTSIDE use is proposed - Use form GWS-44

FEES The application must be submitted with the required \$60 non-refundable filing fee.
Checks should be payable to the COLORADO DIVISION OF WATER RESOURCES.

Applications are evaluated in chronological order. Please allow approximately six weeks for processing.

APPLICATIONS must be completed clearly, and legibly, in BLACK INK or typed. ALL ITEMS in the application must be completed. Incomplete applications may be returned to the applicant for more information. Do not change or alter this application in any way.

THE LOCATION of the well in item 4 must be correctly and accurately described. The county, quarter/quarter, section, township, range, principal meridian, and distance from section lines must be provided.

NOTE: Distances are not necessarily the same distances as the distances from (your) property lines.

For additional assistance in describing the location of your well review the publication entitled "How to Determine Well Locations" which was provided with your packet, or can be requested from any Colorado Division of Water Resource office.

A LEGAL DESCRIPTION of your lot or parcel of land is required in item 5. If your lot is not in a recorded subdivision, attach a copy of a deed or legal description that shows your tract was split from a larger tract prior to June 1, 1972.

An ORIGINAL signature must be on each application. The applicant's authorized agent may sign the application, if a letter signed by the applicant is submitted with the application authorizing them to act as agent for the purpose of obtaining a well permit.

IF YOU HAVE ANY QUESTIONS regarding any item on the application form, please call the Division of Water Resources Ground Water Information Desk (303-866-3587), or the nearest Division of Water Resources Field Office located in Greeley (970-352-8712), Pueblo (719-542-3368), Alamosa (719-589-6683), Montrose (970-249-6622), Glenwood Springs (970-945-5665), Steamboat Springs (970-879-0272), or Durango (970-247-1845).

DETAILED INSTRUCTIONS ARE AVAILABLE UPON REQUEST

Permit Application Change Form

To be used when issuing well permits based upon information other than as received. Please file with final Permit

Receipt No. 441183

Name of Applicant Brian Stringer

Summary of change(s):

Item (4): Distances & $\frac{1}{4}$ per plat
are completed to
1070' FEL & 2540' FSL
(e.g. $4.9'' \times 218' = 1070$ and $.45''$ from $\frac{1}{2}$ section line $\times 218' = 100'$)
and NE $\frac{1}{4}$ SE $\frac{1}{4}$

Item (5)(c): from plat lot is $\approx 209' \times 100'$
= 0.48 ac. lot

Date 3-15-99

Signed T.L. Crouse
Print Name T.L. Crouse