

FORM NO. 6WS-32 10/84	<b>PUMP INSTALLATION AND TEST REPORT</b> STATE OF COLORADO, OFFICE OF THE STATE ENGINEER	For Office Use only  <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;">           RECEIVED  <b>SEP 22 1997</b>  <small>STATE ENGINEER COLORADO</small> </div>
1. WELL PERMIT NUMBER <u>198413</u>		
2. OWNER NAME(S) <u>Carl and Susan Cooper</u> Mailing Address <u>8072 S. Ireland Way</u> City, St. Zip <u>Aurora, CO 80016</u> Phone (    ) _____		
3. WELL LOCATION AS DRILLED: <u>NE 1/4 SE 1/4, Sec. 6 Twp. 48 N, Range 10 E</u> DISTANCES FROM SEC. LINES: <u>1330</u> ft. from <u>S</u> Sec. line. and <u>1120</u> ft. from <u>E</u> Sec. line. <small>(north or south) (east or west)</small> SUBDIVISION: <u>Pine Ridge Ranch</u> LOT <u>24</u> BLOCK _____ FILING(UNIT) _____ STREET ADDRESS AT WELL LOCATION: _____		
4. PUMP DATA: Type <u>Submersible</u> Installation Completed <u>8-6-97</u> Pump Manufacturer <u>Myers</u> Pump Model No. <u>3ST102-5</u> Design GPM <u>5</u> at RPM <u>3450</u> , HP <u>1</u> , Volts <u>230</u> , Full Load Amps <u>10</u> Pump Intake Depth <u>370</u> Feet, Drop/Column Pipe Size <u>1</u> Inches, Kind <u>SCH80</u>  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.		
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. <div style="display: flex; justify-content: space-between;"> <div>           Total Well Depth <u>375</u>            Static Level <u>8</u>            Date Measured <u>8-6-97</u> </div> <div>           Date <u>8-6-97</u>            Time <u>1400</u>            Rate (GPM) <u>5</u>            Pumping Lvl. <u>8</u> </div> <div>           Date <u>8-6-97</u>            Time <u>1600</u>            Rate (GPM) <u>2</u>            Pumping Lvl. <u>370</u> </div> </div>		
7. DISINFECTION: Type <u>Liquid Bleach</u> Amt. Used <u>2 gal circulated</u>		
8. Water Quality analysis available. <input type="checkbox"/> Yes <input checked="" 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.] <div style="text-align: center; margin-top: 10px;"> <b>American Drilling Service</b>            9934 Hiway 50            Howard, CO 81233         </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           CONTRACTOR _____            Mailing Address _____         </div> <div>           Phone (719) <u>942-3568</u> Lic. No. <u>1280</u> </div> </div>		
Name/Title (Please type or print) <u>Bradford W. Dewberry/Pres.</u>	Signature 	Date <u>9-18-97</u>

## 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. 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.

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 13.9. 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

For Office Use only

RECEIVED

APR 21 1997

WATER RESOURCES  
STATE ENGINEER  
COLORADO

1. WELL PERMIT NUMBER 198413

2. OWNER NAME(S) Carl and Susan Cooper  
Mailing Address 8072 S Ireland Way  
City, St. Zip Aurora, CO 80016  
Phone (303) 699-8861

3. WELL LOCATION AS DRILLED: NE 1/4 SE 1/4, Sec. 6 Twp. 48 N, Range 10 E  
DISTANCES FROM SEC. LINES:  
1330 ft. from S Sec. line. and 1120 ft. from E Sec. line. OR  
(north or south) (east or west)  
SUBDIVISION: Pine Ridge Ranch LOT 24 BLOCK        FILING(UNIT) 2  
STREET ADDRESS AT WELL LOCATION:       

4. GROUND SURFACE ELEVATION 7000 ft. DRILLING METHOD air percussion  
DATE COMPLETED 3 Mar 1997 TOTAL DEPTH 375 ft. DEPTH COMPLETED 375 ft.

5. GEOLOGIC LOG:

Depth	Description of Material (Type, Size, Color, Water Location)
0 - 32	Brown clay and gravel
32 - 45	Orange dolomite
45 - 55	Black clay
55 - 375	Gray shale 320

6. HOLE DIAM. (in.) From (ft) To (ft)  
8 5/8 0 20  
6 20 375

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>40</u>
<u>4</u>	<u>plastic</u>	<u>200<sup>n</sup></u>	<u>8</u>	<u>295</u>

PERF. CASING: Screen Slot Size: 1/8

<u>6 5/8</u>	<u>steel</u>	<u>250</u>	<u>40</u>	<u>65</u>
<u>4</u>	<u>plastic</u>	<u>200</u>	<u>295</u>	<u>375</u>

8. FILTER PACK: Material        Size        Interval       

9. PACKER PLACEMENT: Type        Depth       

10. GROUTING RECORD:

Material	Amount	Density	Interval	Placement
<u>cement</u>	<u>20gal</u>	<u>4bags</u>	<u>7-20</u>	<u>poured</u>

REMARKS: NUMEX drilling system  
5.75 ID drive shoe

11. DISINFECTION: Type liquid bleach Amt. Used 2 gal injected

12. WELL TEST DATA: ☐ Check box if Test Data is submitted on Form No. GWS 39 Supplemental Well Test.  
TESTING METHOD air lift  
Static Level 40 ft. Date/Time measured 3-3-97 10 am, Production Rate 2 gpm.  
Pumping level 375 ft. Date/Time measured 3-3-97 12 noon, Test length (hrs.) 2  
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 American Drilling Service Phone ( )        Lic. No.         
Mailing Address 9934 Hiway 50  
Name/Title (Please type or print) Howard, CO 81238 Signature Bradford Dewberry Date 4-15-97

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

1280

APPLICANT

WELL PERMIT NUMBER **198413**

DIV. 2 CNTY. 22 WD 12 DES. BASIN MD

Lot: 24 Block: Filing: 2 Subdiv: PINE RIDGE RANCH

APPROVED WELL LOCATION  
FREMONT COUNTY

NE 1/4 SE 1/4 Section 6  
Twp 48 N RANGE 10 E NM P.M.

DISTANCES FROM SECTION LINES

1330 Ft. from South Section Line  
1120 Ft. from East Section Line

CARL & SUSAN COOPER  
8072 S IRELAND WAY  
AURORA CO 80016-

(303)699-8861

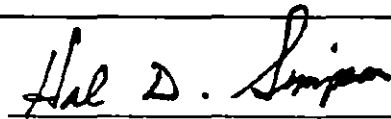
**PERMIT TO CONSTRUCT A WELL**

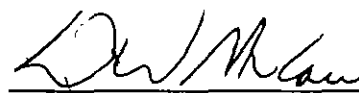
ISSUANCE OF THIS PERMIT DOES NOT CONFER A WATER RIGHT

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 tract of land of 36.71 acres described as lot 24, unit 2, Pine Ridge Ranch division of land, Fremont County.
- 4) The use of ground water from this well is limited to fire protection, ordinary household purposes inside three (3) single family dwellings, the irrigation of not more than one (1) acre of home gardens and lawns, and the watering of domestic animals.
- 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.

APPROVED  
DWM

  
State Engineer

  
By

Receipt No. 0406126

DATE ISSUED SEP 25 1996

EXPIRATION DATE SEP 25 1998

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 35+ ACRE RESIDENTIAL

Review instructions prior to completing form

RECEIVED

SEP 09 1996

WATER RESOURCES  
STATE ENGINEER

## Water Well Permit Application

Must be completed in black ink or typed

<b>1. APPLICANT INFORMATION</b>				<b>6. USE OF WELL</b> (check appropriate entry or entries)	
Name of applicant <b>CARL &amp; SUSAN COOPER</b>				<input checked="" type="checkbox"/> A. Ordinary household purposes in up to 3 single-family dwellings, the watering of domestic animals, and the irrigation of not more than one (1) acre of home gardens and lawns	
Mailing Address <b>8072 S. IRELAND WAY</b>				<input type="checkbox"/> B. Livestock watering (on farm/ranch/range/pasture)	
City <b>AURORA</b>		State <b>CO</b>		Zip code <b>80016</b>	
Telephone Number (include area code) <b>303-699-8861</b>				<b>7. WELL DATA</b>	
<b>2. TYPE OF APPLICATION</b>				<b>MAXIMUM PRODUCTION RATE OF THE WELL SHALL NOT EXCEED 15 GPM</b>	
<b>CONSTRUCT A NEW WELL ON A TRACT OF LAND OF 35 ACRES OR MORE</b>				<b>8. TYPE OF RESIDENTIAL SEWAGE SYSTEM</b>	
<b>3. REFER TO (if applicable):</b>				<input checked="" type="checkbox"/> Septic tank / absorption leach field	
Monitoring hole acknowledgment # <b>MH-</b>				<input type="checkbox"/> Central system	
<b>4. LOCATION OF WELL</b>				District name: _____	
County <b>FREMONT</b>		Quarter/quarter <b>NE 1/4</b>		<input type="checkbox"/> Vault	
Section <b>6</b>		Range E or W <b>10</b>		Location sewage to be hauled to: _____	
Township N or S <b>48</b>		Principal Meridian <b>NM</b>		<input type="checkbox"/> Other (attach copy of engineering design)	
Distance of well from section lines <b>1330</b> ft. from <input type="checkbox"/> N <input checked="" type="checkbox"/> S <b>1120</b> ft. from <input checked="" type="checkbox"/> E <input type="checkbox"/> W				<b>9. PROPOSED WELL DRILLER (optional)</b>	
Well location address, if different from applicant address (if applicable)				Name <b>AMERICAN DRILLING SERVICE</b>	
<b>5. TRACT ON WHICH WELL WILL BE LOCATED</b>				License number <b>1280</b>	
A. ATTACH LEGAL DESCRIPTION FOR 35+ ACRE TRACT				<b>10. SIGNATURE</b> of applicant(s) or authorized agent	
<input checked="" type="checkbox"/> Development				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.	
Name <b>PINE RIDGE RANCH</b>				Must be original signature <b>X Carl V. Cooper</b>	
Lot no. <b>24</b> Unit # <b>2</b>				Title _____ Date _____	
<input type="checkbox"/> Other				Office Use Only	
<b>B. STATE PARCEL</b>				DWR Map No. <b>5770</b>	
ID# (optional):				<b>Wellbok</b>	
<b>C. # acres in tract</b> <b>36.71</b>				CHECKS TRM406126 090996 DIV OF WATER RESOURCES	
<b>D.</b>				DIV <b>2</b>	
<b>THIS WILL BE THE ONLY WELL ON THIS TRACT</b>				CO <b>22</b>	
				WD <b>12</b>	
				BA _____	
				USE _____ MD _____	

# **Map Place Holder**