	PUMP INSTALLATION	ON AND PRODUCTION EQUIPMENT TEST	REPORT	For Office Use Only
Form No.	State of Colorado, Office of the State Engineer			
GWS-32	1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581			
09/2016	www.water.state.co.us and dwrpermitsonline@state.co.us			
1. Well Permit Number: 44387 Receipt Number:				
2. Owner's Well Designation:				
3. Well Owner Name: Jennifer Scorsine				
4. Well Location Street Address: 5430 Murr Road Peyton CO 80831				
5. GPS Well Location: Zone 12 ✓ Zone 13 Easting: 543356 Northing: 4306393 County: El Paso				
6. Legal Well Location: 1/4, 1/4, Sec., Twp. N or S, Range E or W				
Distances from Section Lines: ft. from N or S sec. line, and ft. from E or W sec. line				
Subdivision: , Lot , Block , Filing (Unit)				
7. Check Insta	llation Type: Initial Pur	np Installation 🗸 Replacement Pump	Change in De	pth Only Repair
8. Pump Data: Type: Submersible Date Installed(mm/dd/yyyy): 12/30/23				
Pump Manufacturer: Franklin Pump Model No. 10FRD15S4-3W230				
Design GPM: 10 at RPM HP_1.5 Volts 230 Full Load Amps_11.8				
Pump Intake Depth: 340 Feet, Drop/Column Pipe Size Inches, 1 Kind of Drop Pipe DVC				
Additional Information for Pumps Greater Than 50 GPM: Turbine Driver Type: Electric Engine Other				
Design Head: _	feet	Number of Stages:	_ Shaft size:	inches
9. 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:				
10. Cistern Information: Material: gallons				
11. Production Equipment Test Data: check box if data is submitted on Form Number GWS-39 Well Yield Test Report.				
Date: 12/30/23 12/30/23 12/30/23 12/30/23 12/30/23				
Total Well Depth: 400 ft. Time: Start 15 min 30 min 30 min 9.6 Static Level: 246 ft. Rate (gpm): 10 10 9.6				
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Pullipling Level (It).				
12. Disinfection: Type: HTH Amt. Used: 4 oz				
13. Notification: Was Notification Required Prior to Construction? Yes 🗸 No, Date Notification				on Given:
14. Water Quality analysis available: Yes No If yes, please submit with this report.				
15. Remarks:				
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 \$1000 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	 a:	Email:	Phone w/area cod	de: License Number:
		1		
Mailing Address: 5015 E Blaney Road Falcon CO 80831				
Sign (or enter r	name if filing online)	Print Name and Title		Date:
Brad Costain Owne		Owner		1/3/2024