

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

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NOV 17 2008

WATER RESOURCES
STATE ENGINEER
COLORADO

1. **WELL PERMIT NUMBER** 275990

2. **OWNER NAME(S):** MONKEN, GERALD & BARBARA ANNE
Mailing Address: 1124 EAGLES NEST CO
City, St. Zip: CANON CITY, CO 81212
Phone : 719-275-9525

3. **WELL LOCATION AS DRILLED :** NW 1/4 NE 1/4, Sec.: 5 Twp.: 22S Range: 71W
DISTANCES FROM SEC.LINES
_____ ft. from _____ Sec. line, and _____ ft. from _____ Sec. Line.
(south or north) (east or west)
SUBDIVISION: LOOKOUT RIDGE **LOT :** _____ **BLOCK :** _____ **FILING (UNIT) :** _____
STREET ADDRESS AT WELL LOCATION: EASTING: 469487 NORTHING: 4224783

4. **PUMP DATA** Type: SUBMERSIBLE Installation Completed 10/6/2008
Pump Manufacturer FPS Pump Model No.: 1F4P10X14-S2
Design GPM 10.0 at RPM: 3450 , HP: 1 , Volts: 230 , Full Load Amps: _____
Pump Intake Depth 280 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				
Total Well Depth	<u>300</u>	<u>10/6/2008</u>	Time	<u>AM</u>		
Static Level	<u>175</u>		Rate (GPM)	<u>4</u>		
Date Measured	<u>10/9/2008</u>		Pumping Lvl.	<u>280</u>		

7. **DISINFECTION :** Type CHLORINE BLEACH Amt. Used 3 CUP HTH

8. **Water Quality analysis available.** ☐ Yes ☐ 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 m(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: RICK'S PUMP SERVICE **Phone:** 719-275-7384 **Lic. No.** 1331

Mailing Address P.O. BOX 1563 CANON CITY, CO 81215

Name/Title (please type or print)
Rick Greenstreet/Owner

Signature

Rick Greenstreet

Date

10-16-08