

FORM NO. GWS-32 02/2005	PUMP INSTALLATION AND TEST REPORT STATE OF COLORADO, OFFICE OF THE STATE ENGINEER 1313 Sherman St., Room 818, Denver, CO 80203 Info (303) 866-3587 Main (303) 866-3581 Fax (303) 866-3589 http://www.water.state.co.us	For Office Use Only RECEIVED OCT 11 2005 WATER RESOURCES STATE ENGINEER CCLO.
1. WELL PERMIT NUMBER: <u>28018A</u>		
2. WELL OWNER INFORMATION NAME OF OWNER <u>Lake County MML LLC</u>		
MAILING ADDRESS <u>2801 S. Newland St.</u>		
CITY <u>Denver</u>	STATE <u>CO</u>	ZIP CODE <u>80227</u>
TELEPHONE # () -		
3. WELL LOCATION AS DRILLED <u>SW 1/4, SW 1/4</u> Sec. <u>33</u> , Twp. <u>9</u> <input type="checkbox"/> N or <input checked="" type="checkbox"/> S, Range <u>80</u> <input type="checkbox"/> E or <input checked="" type="checkbox"/> W DISTANCES FROM SEC. LINES: <u>651</u> ft. from <input type="checkbox"/> N or <input checked="" type="checkbox"/> S section line and <u>247</u> ft. from <input type="checkbox"/> E or <input checked="" type="checkbox"/> W section line. SUBDIVISION: <u>Metes & Bounds</u> LOT _____ BLOCK _____ FILING (UNIT) _____		
Optional GPS Location: GPS Unit must use the following settings: Format must be UTM , Units must be meters , Datum must be NAD83 , Unit must be set to true N , <input type="checkbox"/> Zone 12 or <input type="checkbox"/> Zone 13		Easting: <u>383731</u> Northing: <u>4341751</u>
STREET ADDRESS AT WELL LOCATION:		
4. PUMP DATA: Type: <u>4" Submersible</u> Date Installed: <u>4-19-05</u>		
Pump Manufacturer: <u>Sta-Rite</u> Pump Model No. <u>10SP4C02H</u>		
Design GPM: <u>10</u> at RPM <u>3450</u> HP <u>1/2</u> Volts <u>230</u> Full Load Amps <u>5.0</u>		
Pump Intake Depth: <u>100</u> Feet, Drop/Column Pipe Size <u>1"</u> Inches, Kind of Drop Pipe <u>plastic</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 checked="" type="checkbox"/> No, Orifice Depth ft. _____ Monitor Tube Installed <input type="checkbox"/> Yes <input checked="" 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 Beginning Reading _____		
6. TEST DATA: <input type="checkbox"/> check box if Test Data is submitted on Supplemental Form.		
Date: <u>4-19-05</u>		
Total Well Depth: <u>120</u> ft. Time: <u>1 hr</u>		
Static Level: <u>33</u> ft. Rate (gpm): <u>12</u>		
Date Measured: <u>4-19-05</u> Pumping Level (ft): _____		
7. DISINFECTION: Type <u>Dry Chlorine</u>		Amt. Used <u>302</u>
8. Water Quality analysis available: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please submit with this report.		
9. Remarks: _____		
10. I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed 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 \$5000 and/or revocation of the contracting license.]		
Company Name: <u>White Water Systems Inc</u>	Phone: <u>719-395-3421</u>	License Number: <u>12318</u>
Mailing Address: <u>PO Box 4356 Buena Vista CO 81201</u>		
Signature: <u>[Signature]</u>	Print Name and Title: <u>Shawn Shake, President</u>	Date: <u>10-7-05</u>