

INSTRUCTIONS FOR WELL CONSTRUCTION AND TEST REPORT

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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 and the actual completed depth of the well.
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1. WELL PERMIT NUMBER: 50389-MH

2. WELL OWNER INFORMATION
 NAME OF WELL OWNER: Cotter Corporation, N.S.L.
 MAILING ADDRESS: P.O. Box 1750
 CITY: Canon City STATE: CO ZIP CODE: 81215
 TELEPHONE NUMBER: (719) 275 -7413

3. WELL LOCATION AS DRILLED: SE 1/4, NW 1/4, Sec. 3, Twp. 19 N or S, Range 70 E or W
 DISTANCES FROM SEC. LINES: _____ ft. from N or S section line and _____ ft. from E or W section line.
 SUBDIVISION: _____, 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**, Zone 12 or Zone 13
 Owner's Well Designation: LP-08
 Easting: 3082374.23
 STREET ADDRESS AT WELL LOCATION: 1505 Elm Ave., Canon City, CO 81212 Northing: 1215607.72

4. GROUND SURFACE ELEVATION 5385.66 feet DRILLING METHOD Hollow Stem Auger
 DATE COMPLETED 12/13/2011 TOTAL DEPTH 89 feet DEPTH COMPLETED 89 feet

5. GEOLOGIC LOG:

Depth	Type	Grain Size	Color	Water Loc.
0' - 9'	Alluvium	Silty Sand	10YR 4/4	Moist
9' - 24'	Alluvium	Sand	10YR 5/4	Moist
24' - 33'	Alluvium	Sand w/Gravel	10YR 5/6	Moist
33' - 34'	Alluvium	Sand	10YR 5/6	Dry
34' - 44'	Alluvium	Gravelly Sand	10YR 5/6	Moist
44' - 45'	Alluvium	Sandy Clay	10YR 3/4	Water@45'
45' - 46'	Alluvium	Clayey Sand	10YR 5/8	Wet
46' - 55'	Alluvium	Sand w/Gravel	10YR 3/4	Wet
55' - 59'	Alluvium	Sand	10YR 3/4	Wet
59' - 62'	Alluvium	Gravelly Sand	10YR 3/4	Wet
62' - 65'	Alluvium	Gravelly Sand	10YR 3/4	Wet
65' - 77'	Alluvium	Sand	10YR 4/3	Wet
77' - 80'	Alluvium	Sand	10YR 4/3	Wet
80' - 88'	Alluvium	Gravelly Sand	10YR 4/3	Wet
88' - 89'	Bedrock	Sandy Claystone	10YR 4/1	Dry

6. HOLE DIAM (in.)

From (ft)	To (ft)
<u>0'</u>	<u>89'</u>

7. PLAIN CASING:

OD (in)	Kind	Wall Size (in)	From (ft)	To (ft)
<u>4-inch</u>	<u>PVC</u>	<u>Schedule 40</u>	<u>0'</u>	<u>39'</u>

PERFORATED CASING: Screen Slot Size (in): 0.020"

From (ft)	To (ft)
<u>39</u>	<u>89</u>

8. FILTER PACK:	9. PACKER PLACEMENT:
Material <u>Silca Sand</u>	Type <u>N/A</u>
Size <u>10/20</u>	Depth _____
Interval <u>37' - 89'</u>	

10. GROUTING RECORD

Material	Amount	Density	Interval	Placement
<u>Bentonite</u>	<u>3.5 Bags</u>	<u>Medium Chip</u>	<u>32' - 37'</u>	<u>Gravity</u>
<u>PORTLAND CEMENT</u>	<u>1 Bag</u>	<u>#8-#20 Pellets</u>	<u>0' - 32'</u>	<u>Gravity</u>

Remarks: _____

11. DISINFECTION: Type _____ Amt. Used _____

12. WELL TEST DATA: Check box if Test Data is submitted on Form Number GWS 39 Supplemental Well Test.

TESTING METHOD _____

Static Level 20.3 ft. Date/Time measured: _____, Production Rate <1 gpm.
 Pumping Level Dry ft. Date/Time measured _____, Test Length (hrs) 1.50.

Remarks: Water Levels measured during and after well development

13. 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: _____	Phone: _____ () -	License Number: _____
Mailing Address: _____		
Signature: _____	Print Name and Title _____	Date _____

INSTRUCTIONS FOR WELL CONSTRUCTION AND TEST REPORT

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