

ATTENTION OWNER: Confidentiality
Privilege Notice on reverse side
of Well Owner's copy (pink)

State of Texas WELL REPORT

Texas Department of Licensing &
Regulation
P.O. Box 12157
Austin, TX 78711
512-463-7880

1) OWNER <u>Suzanne Gasparatto</u> ADDRESS <u>13400 Old San Antonio Rd. Buda, Texas 78610</u>																																																	
(Name) (Street or RFD) (City) (State) (Zip)																																																	
2) ADDRESS OF WELL'S LOCATION: County <u>McCulloch</u> <u>Route 70 Box 70 Lohn, Texas 76852</u> Long. _____ Lat. _____																																																	
(Street, RFD or other) (City) (State) (Zip) Grid # <u>42-46-4</u>																																																	
3) TYPE OF WORK (Check): <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Deepening <input type="checkbox"/> Reconditioning <input type="checkbox"/> Plugging	4) PROPOSED USE (Check): <input type="checkbox"/> Monitor <input type="checkbox"/> Environmental Soil Boring <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Irrigation <input type="checkbox"/> Injection <input type="checkbox"/> Public Supply <input type="checkbox"/> De-watering <input type="checkbox"/> Testwell If Public Supply well, were plans submitted to the TNRCC? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																
6) WELL LOG: Date Drilling: _____ Started <u>3/9/2000</u> Completed <u>3/18/2000</u>	7) DRILLING METHOD (Check): <input type="checkbox"/> Driven <input type="checkbox"/> Air Rotary <input checked="" type="checkbox"/> Mud Rotary <input type="checkbox"/> Bored <input type="checkbox"/> Air Hammer <input type="checkbox"/> Cable Tool <input type="checkbox"/> Jetted <input type="checkbox"/> Other _____																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">DIAMETER OF HOLE</th> </tr> <tr> <th>From (ft.)</th> <th>To (ft.)</th> <th>Description and color of formation material</th> <th></th> </tr> <tr> <td>0</td> <td>5</td> <td>coleche</td> <td></td> </tr> <tr> <td>5</td> <td>40</td> <td>yellow clay w/ lime stks</td> <td></td> </tr> <tr> <td>40</td> <td>118</td> <td>shale w/ lime stks</td> <td></td> </tr> <tr> <td>118</td> <td>227</td> <td>lime w/ shale stks</td> <td></td> </tr> <tr> <td>227</td> <td>1183</td> <td>shale w/ lime stks</td> <td></td> </tr> <tr> <td>1183</td> <td>1310</td> <td>lime w/ shale stks</td> <td></td> </tr> <tr> <td>1310</td> <td>1350</td> <td>shale w/ lime stks</td> <td></td> </tr> <tr> <td>1350</td> <td>2170</td> <td>dolomite</td> <td></td> </tr> <tr> <td>2170</td> <td>2465</td> <td>lime w/ shale stks</td> <td></td> </tr> <tr> <td>2465</td> <td>2800</td> <td>sand <u>Hickory</u></td> <td></td> </tr> </table>		DIAMETER OF HOLE				From (ft.)	To (ft.)	Description and color of formation material		0	5	coleche		5	40	yellow clay w/ lime stks		40	118	shale w/ lime stks		118	227	lime w/ shale stks		227	1183	shale w/ lime stks		1183	1310	lime w/ shale stks		1310	1350	shale w/ lime stks		1350	2170	dolomite		2170	2465	lime w/ shale stks		2465	2800	sand <u>Hickory</u>	
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8) Borehole Completion (Check): <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Straight Wall <input type="checkbox"/> Underreamed <input type="checkbox"/> Gravel Packed <input type="checkbox"/> Other _____ If Gravel Packed give interval from _____ ft. to _____ ft.																																																	
CASING, BLANK PIPE, AND WELL SCREEN DATA:																																																	
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9) CEMENTING DATA Cemented from <u>surf</u> ft. to <u>40</u> ft. No. of sacks used <u>18</u> <u>surf</u> ft. to <u>2330</u> ft. No. of sacks used <u>250</u> Method used <u>Pressure pumped</u> Cemented by <u>Fleet Cementers, Inc.</u> Distance to septic system field lines or other concentrated contamination <u>1200</u> ft. Method of verification of above distance <u>estimate</u>																																																	
10) SURFACE COMPLETION <input type="checkbox"/> Specified Surface Slab Installed <input type="checkbox"/> Specified Steel Sleeve Installed <input type="checkbox"/> Pitless Adapter Used <input checked="" type="checkbox"/> Approved Alternative Procedure Used																																																	
11) WATER LEVEL: Static level <u>42</u> ft. below land surface Date <u>4/1/2000</u> Artesian flow _____ gpm. Date _____																																																	
12) PACKERS: Type _____ Depth _____																																																	
13) <input type="checkbox"/> Well plugged within 48 hours Casing left in well: _____ Cement/bentonite placed in well: _____ Sacks used: _____ From (ft.) To (ft.) From (ft.) To (ft.) _____ _____ _____ (Use reverse side of Well Owner's copy, if necessary)																																																	
14) TYPE PUMP: <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Cylinder <input type="checkbox"/> Other _____ Depth to pump bowls, cylinder, jet, etc., _____ ft.																																																	
15) WELL TESTS: Type test: <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Jetted <input type="checkbox"/> Estimated Yield: <u>100</u> gpm with <u>40</u> ft. drawdown after <u>12</u> hrs.																																																	
16) WATER QUALITY: Did you knowingly penetrate any strata which contained undesirable constituents? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, submit "REPORT OF UNDESIRABLE WATER" Type of water? _____ Depth of strata _____ Was a chemical analysis made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																	
I certify that I drilled this well (or the well was drilled under my direct supervision) and that each and all of the statements herein are true and correct. I understand that failure to complete items 1 thru 16 will result in the log(s) being returned for completion and resubmittal.																																																	
COMPANY NAME <u>Hayhurst Bros. Drilling Co.</u> WELL DRILLER'S LICENSE NO. <u>54334W</u> (Type or print)																																																	
ADDRESS <u>11890 FM 1178</u> <u>Abilene</u> <u>Texas</u> <u>79602</u> (Street or RFD) (City) (State) (Zip)																																																	
(Signed) <u>Jay C. Hayhurst</u> (Signed) _____ (Licensed Well Driller) (Registered Driller Trainee)																																																	
Please attach electric log, chemical analysis, and other pertinent information, if available.																																																	

FIELD#	STATE#	TWDB TRACKING	WELL NAME
42464101			was 424642SG

COUNTY MCCULLOCH

LOCATION MAP ON FILE

LATDEG	LATMIN	LATSEC	DECLAT
31	20	6	31.3350000000

LONGDEG:	LONGMIN:	LONGSEC:	DECLONG:
99	20	12	-99.33666666

ELEVATION:	DRILLER	DATE DRILLE	USE:
1525			DOMESTIC

WELL DEPTH	2800	SWL:	40.00	CASING SIZ	9
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CASING TYP	STEEL	CASING DEPT	2330	WELL YIELD:	100
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PUMP SET:		POWER:		LIFT METHO	
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OWNER FIRST NAME	OWNER LAST NAME:	OWNER ADDRESS:
SUZANNE	GASPAROTTO	HC 70 BOX 70

OWNER CITY:	OWNER STATE:	OWNER ZIP	PHONE
LOHN	TX	76852-	325/344/5775

OPERATOR FIRST:	OPERATOR LAST NAME:	OP ADDRESS:
SUZANNE	GASPAROTTO	HC 70 BOX 70

OP CITY:	OP STATE:	OP ZIP:	OP PHONE
LOHN	TX	76852-	325/344/5775

STATUS	E/R	AMOUNT	27 AF	RATE	17 GPM	DATE OF ACTIO	5/15/2000
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RENEW DAT		In Conjunction	<input type="checkbox"/>	FORMATION	371HCKR
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TOP OF AQUIFE	2465	BOTTOM OF AQUIFE	2800	NET THICKNES	335
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WATER QUALIT ☐

WATER LEVEL ☐ WATER USE REPOR ☐ IN OUTCRO ☐ DRILLER'S LO ☒

LEVELTYP		GEOPHYSICAL LOCATIO		GROUP	
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MEMO:

*To copy Owner data to Operator Fields use Ctrl+Alt+Spacebar.

HICKORY UNDERGROUND WATER CONSERVATION DISTRICT NO. 1

WATER QUALITY ANALYSIS*

NAME: <u>Suzanne Casparotto</u>			
ADDRESS: <u>Rt 1 Box 134000 Boda, TX 78610</u>			
PHONE:			
DATE TAKEN: <u>4-7-00</u>		DATE OF ANALYSIS: <u>4-7-00</u>	
WELL NO. <u>42464256</u>		COUNTY: <u>McCollum</u>	
DEPTH: <u>2800</u>		AQUIFER: <u>371 HCR</u>	

BACTERIA			
	RESULTS	COMMENTS	
TOTAL COLIFORM			
E. COLI			
FECAL COLIFORM			

OTHER CONSTITUENTS			
	RESULTS	COMMENTS	MAXIMUM CONTAMINANT LEVEL (MCL)
TOTAL DISSOLVED	<u>500</u>	<u>good</u>	1000 MG/L
pH	<u>8.30</u>		7.0 (NEUTRAL)
CONDUCTIVITY	<u>999</u>		NOT DETERMINED
NITRATE AS (N)	<u>3.0</u>	<u>good</u>	10 MG/L
SULFATE AS (SO ₄)	<u>65.0</u>	<u>good</u>	300 MG/L
IRON AS (Fe)	<u>0.24</u>	<u>good</u>	.3 MG/L
CHLORIDE AS (Cl)	<u>55.0</u>	<u>good</u>	300 MG/L
FLUORIDE AS (F)			2.0 MG/L
PHOSPHATE AS (PO ₄)			15.0 MG/L
PHOSPHOROUS AS (P)			NOT DETERMINED
COPPER AS (Cu)			.05 MG/L
BARIUM AS (Ba)			2.0 MG/L
HARDNESS TOTAL			
PESTICIDE			

COMMENTS: _____

* The Hickory UWCD No. 1 is NOT a certified lab, this is provided for informational purposes only.

Pump
set
@ 2357

Static
level
to 1