Attention Owner: Confidentiality Privilege Notice on reverse side of owner's copy.

Texas Department of Licensing and Regulation
Water Well Drillen/Pump Installer Section
P.O. Box 12157 Austin, Texas 78711 [512]463-7880 FAX (512)463-8616

This form must be completed and filed with the department and owner within 60 days upon completion of the well.

| | 7.0, Box 72.107 | Toll free (& | 300)803-9. | 202 | | | |
|---|---|---------------------------|----------------|--|--|---------------------------------|-------------------|
| Emai | l address: <u>water.w</u> | ell@license.state.t | x.us Wel | b address: www.license | <u>.state.tx.us</u> | | |
| | | WELL | | | | | |
| | A. WELL | , IDENTIFICATI | ON ANI | D LOCATION DATA | | | |
| 1) OWNER Name: | Address: | | City: | | State: | Zip: | |
| David + Sharon Whit | 2200 60 | mel Sheringe | Can | un Lake | 78 | 781 | 33 |
| DAVIET TORKIBE WHILL | el acon ci | met opicity s | read | | | | |
| 2) WELL LOCATION | | | l pt | al Address: | City: | | |
| Well#or | Vell# or County | | | at Address: | City. | June | Finn |
| # of wells drilled | Dimi | 114 | ab | DEKANCK JUDOUR | 1 | Jone | LCIL |
| 3) Type of Work | Lat. | | Long | | Grid# | | |
| New Well Reconditioning | 4) Proposed Use (check) Monitor Envir | | | onmental Soil Boring Doi | nestic L Extraction | 5) | NT |
| Replacement Deepening | Industrial U Ir | rigation U Injection | Closed- | ic Supply, were plans approve | ed? O Yes O No | | |
| 6) Drilling Date | Diame | eter of Hole | 1) - 11 1 (10) | [7] Drilling Method (c | heck) | | |
| Started / / | Dia.(in) From (ft) To (ft) | | | Driven Air Rotary | . Mud Rotary | | |
| | | Surface | 2 | Bored Air Hamm | er 🚨 Cable Tool | | |
| | 4 | 0 | -0 | ☐ Jetted ☐ Hollow Ster | n Anner | | |
| Completed/ | V 20 341) | | | Reverse Circulation | ii Augei | | |
| | | | | Other | | | |
| From (ft) To (ft) Desci | iption and color | of formation mat | erial | 8) Borchole Completi | on Open Ho | ole Straigh | it Wall |
| O 1 overprody | | | | Under-reamed C | Gravel Packed C | ft. Size | : |
| 1 330 Braker line | | | | Gravel packed interval from: ft. to: ft. Size: Casing, Blank Pipe, and Well Screen Data | | | |
| 330 340 | Sue clay | | | | l, Plastic, etc. | Setting (ft) | Gage |
| | | | | Dia. Or Perl | ., Slotted, etc | From To | Casing Screen |
| | | | | 1 | een Mfg., if commercial | 840 | Sc 1/4/ |
| | | | | 6 Ne pro | 1511C | | 35440 |
| | | | | 6/11 01 | I Was | 30740 | Sch40 |
| | | | | The state of the s | The state of the s | | |
| | | | | | 70 | | Annual processor |
| | | | | 9) Annular Scal Da | ta: i.e. grom <u>n fi to 1000</u> | fi #sacks & material | 13 cement) |
| | | | | fromft. to from ft. to | ft. #sacks & ma | aterial | |
| (Use reverse side of Well Owner's copy, If necessary) | | | | fromft. to | ft. #sacks & ma | aterial | |
| | | | | Method Used | Performed | ntamination | n. |
| | ement/Bentonite place | ed in well: | | Distance to septic field or Distance to Property Line | 2401 Method | | |
| From (ft) To (ft) From | (fi) To (fi |) # Sacks & Ma | terial used | Verified: 12 px | _ | | recommend arrange |
| | | | | 19) Surface Comple | | | |
| | | | | Surface Slab Installed Pitless Adapter Used | ☐ Surface Slee | eve Installed Procedure Used | |
| 14) Type Pump | | | | 11) Water Level | | | |
| ☐ Turbine ☐ Jet ☐ Submersible ☐ Cylinder | | | | Static level 35 | | | - |
| Other | | | | Artesian Flow | gpm | | |
| Depth to pump bowls, cylinder, jet etc.,ft. | | | | Type // Dep | th Typ | e | Depth |
| 15) Water Test Type test Pump Bailer I Jetted Estimated | | | | Si Hall 31 | The state of the s | | |
| Yield: 20 gpm withft. dr | awdown after(| hrs. | | 2011/10 | | | |
| 4 (A XXI) (A CO) III | | 10 250 | | | | | |
| Type of water Quality Did you knowingly penetrate a strata w | Depth of Strata: | ble constituents? | nemical ana | nlysis made? 🛛 Yes 💢 No If yes, Continue: | | | |
| I Check One: UNaturally poo | or-quality groundwater | - type | | | | | |
| D 11 | -ti-1/ata aantamir | ation augountared | пο | ther (describe) | | was encounter | red |
| ☐ I certify that while drillin | "Come of that euch w | all must be complete | d or plug | aed in such a manner as la | o avoid innurv or no | mmon. | |
| | 1 . 1 . 1 . 111 | aland the duilling of the | de wall and | I that each and all of the ste | stements herein are t | rue and correct | |
| Company & Individual's Name: Address: R.O. B.CX. | (type or print) | E w | tor | 12 x115 116 | Lic. | 52/517 | |
| Address A A A A | " 0 = | LINAM W | City | There | State: 1 U | Zip 7 | 8015 |
| Address: R.O. Box | 595 | ~ | Tony. | ngram | 15 () | - / | 0000 |