

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

Te. Department of License and Regulation
Water Well Driller/Pump Installer Program
P.O. Box 12157 Austin, Texas 78711 (512)463-7880 FAX (512)463-8616
Toll free (800)803-9202
Email address: water.well@license.state.tx.us

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

WELL REPORT

1) OWNER					
Name	Address	City	State	Zip	
Don Marquez	12320 SAH Hill	Austin	TX	78750	
2) WELL LOCATION					
County	Physical Address	City	State	Zip	
Hays	151 Cascade Tr	52nd Marcos	TX	78666	
3) Type of Work <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Reconditioning <input type="checkbox"/> Replacement <input type="checkbox"/> Deepening	Lat.	Long.	Grid#		
	4) Proposed Use (check) <input type="checkbox"/> Monitor <input type="checkbox"/> Environmental Soil Boring <input 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 <input type="checkbox"/> Rig Supply If Public Supply well, were plans submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No				
6) Drilling Date Started 1/23/02 Completed 1/24/02	Diameter of Hole			7) Drilling Method (check) <input type="checkbox"/> Driven	
	Dia. (in.)	From (ft)	To (ft)	<input checked="" type="checkbox"/> Air Rotary <input 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	5) N↑
From (ft)	To (ft)	Description and color of formation material			
0	1	Topsoil/line			
1	100	Broken Tan-Blue Red clay			
100	200	Broken Tan Blue			
200	220	Soft Broken line			
220	420	Broken Tan & grey line/white			
420	422	Home sand			
422	1000	Broken line			
8) Borehole Completion <input type="checkbox"/> Open Hole <input type="checkbox"/> Straight Wall <input type="checkbox"/> Under-reamed <input type="checkbox"/> Gravel Packed <input type="checkbox"/> Other If Gravel Packed give the interval from _____ ft. to _____ ft.					
Casing, Blank Pipe, and Well Screen Data					
Dia. (in.)	New Or Used	Steel, Plastic, etc. Perf., Slotted, etc. Screen Mfg., if commercial	Setting (ft) From To	Gage Casing Screen	
4 1/2	AL	SDR 17	22 420		
4 1/2	W	11FT 2	120 400		
9) Cementing Data Cementing from _____ ft. to _____ ft. # of sacks used _____ Method Used <u>Hand Pump</u> Cementing By <u>James Tvey</u> Distance to septic system field or other concentrated contamination _____ ft. Method of verification of above distance _____					
13) Plugged <input type="checkbox"/> Well plugged within 48 hours Casing left in well: Cement/Bentonite placed in well: From (ft) To (ft) From (ft) To (ft) Sacks used					
14) Type Pump <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Cylinder <input type="checkbox"/> Other _____ Depth to pump bowls, cylinder, jet etc. _____ ft.					
15) Water Test Type test <input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input type="checkbox"/> Jetted <input type="checkbox"/> Estimated Yield: _____ gpm with _____ ft. drawdown after _____ hrs.					
16) Water Quality Did you knowingly penetrate a strata which contain undesirable constituents. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, did you submit a REPORT OF UNDESIRABLE WATER Type of water <u>Trinity</u> Depth of Strata <u>120-1500</u> Was a chemical analysis made <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
10) Surface Completion <input checked="" type="checkbox"/> Specified Surface Slab Installed <input checked="" type="checkbox"/> Specified Surface Sleeve Installed <input type="checkbox"/> Pitless Adapter Used <input type="checkbox"/> Approved Alternative Procedure Used					
11) Water Level Static level _____ ft. below Date _____ Artesian Flow _____ gpm. Date _____					
12) Packers Type Depth <u>Neoprene</u> <u>30</u> <u>Aluminum</u> <u>720</u>					
Company or individual's Name (type or print)		Lic. No.			
Tvey Dallas Inc		52116 PW			
Address		City		State	
751 Allison Ln		52nd Marcos		TX	
Zip		State		Zip	
78666		TX		78666	
Signature		Date		Signature	
James Tvey 2/10/02					
Licensed Driller/Pump Installer		Apprentice		Date	