

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

Texas Department of License and Regulation
Water Well Driller/Pump Installer Program
P.O. Box 12157 Austin, Texas 78711 (512) 463-7880 FAX (512) 463-8000
Toll free (800) 803-9202

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

Email address: water.well@license.state.tx.us

WELL REPORT

1) OWNER

A. WELL IDENTIFICATION AND LOCATION DATA

Name Bill McAfee	Address 3311 West FM 2693	City New Waverly	State TX	Zip 77358
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2) WELL LOCATION

County Walker <i>236</i>	Physical Address FM 2693	City New Waverly	State TX	Zip 77358
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3) Type of Work

<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Deepening <input type="checkbox"/> Reconditioning	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	Lat. _____ Long. _____ Grid # 60-30-3
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6) Drilling Date

Started 9/5/02	Diameter of Hole <table border="1"> <tr> <th>Dia. (in)</th> <th>From (ft)</th> <th>To (ft)</th> </tr> <tr> <td align="center">6.75</td> <td align="center">-1.5</td> <td align="center">200</td> </tr> </table>	Dia. (in)	From (ft)	To (ft)	6.75	-1.5	200	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 _____
Dia. (in)		From (ft)	To (ft)					
6.75	-1.5	200						
Completed 9/6/02								

From (ft)	To (ft)	Description and color of formation material
0	1	Bit t.s.
1	5	Red cl.
5	19	Br.cl.
19	21	R.st.
21	41	Br.cl.
41	61	Br.&w.cl.
61	81	W.cl.
81	131	Br.cl.
131	141	Sd.st.
141	146	Br.cl.
146	200	Sd

8) Borehole Completion Open Hole Straight Wall
 Under-reamed Gravel Packed 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)		Gage Casing Screen
			From	To	
4	N	PVC Casing	-1.5	177	
2.5	N	UC screen	180	200	#8

9) Cementing Data
 Cementing from **-1.5** ft. to **20** ft. # of sacks used **2**
27 ft. to **177** ft. # of sacks used **7**

Method Used **Pressure**
 Cementing By **R McPike**
 Distance to septic system field or other concentrated contamination _____ ft.
 Method of verification of above distance _____

13) Plugged 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) Typepump

Turbine Jet Submersible Cylinder
 Other _____
 Depth to pump bowls, cylinder, jet, etc., _____ ft.

15) Water Test

Typetest Pump Bailer Jetted Estimated
 Yield: **30** gpm with **160** ft. drawdown after _____ hrs.

16) Water Quality

Did you knowingly penetrate any strata which contain undesirable constituents?
 Yes NO If yes, did you submit a REPORT OF UNDESIRABLE WATER?
 Type of water **Good** Depth of Strata **54**
 Was a chemical analysis made? Yes NO

Company or Individual's Name (type or print) **Holly Water Wells, LTD**
 Address **2928 State Hwy 19** City **Huntsville** State **TX** Zip **77320**

Signature <i>Raymond McPike</i> Licensed Driller/Pump Installer	Date 1 / 1	Signature _____ Apprentice	Date _____
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RECEIVED
 TDLR MAIL ROOM SH
 SEP 16 2002
 RECEIPT # _____ AMOUNT _____
 Approved Alternative Procedure Used _____
RECEIVED
 NOV 22 2004 Depth 172-173
 2- 2.5" K packers RxR
TCEQ - CENTRAL FILE ROOM
 Lic. No. 3114W

