and original copy by certified mail to: TNRCC, P.O. Box 136 Austin, TX (ATTENTION OWNER: Confidentiality Privilege Notice on Reverse Side	State of Texas WELL REPORT	Please use black ink. Texas Water Well Drillers Advisory Council P.O. Box 13087 Austin, TX 78711-3087 512-239-0530
1) OWNER <u>MR. CHESTER</u> BEAM (Name) 2) ADDRESS OF WELL: County <u>LANDRESS</u> <u>F.2</u> (Street, RFD or othe	ADDRESS <u>R7, P</u> (Street or RFI <u>Lampasas</u> 7 (City) (S	Ampasas Tx 76.55 D) (City) (State) (Zip) X VacSO GRID # 41-47-2 state) (Zip) (Zip) (Zip)
	ck):	De-watering Testwell
6) WELL LOG: Date Drilling: Started 5/1/7 1995 Completes 1/8 1955	7) DRILLING METHOD To (ft.) Air Rotary M 2/0 Air Hammer I I Other Other	Iud Rotary Dered X
From (ft.) To (ft.) Description and color of formation ma 0 - 4 Support 4 - 15 Quay		Gravel Packed Other
15 - 160 SHALE 160-185 BROWN LIME ROCK 185-205 BRUS LIME ROCK 205-210 RED BED	Dia. New Steel, Plas Perf., Slott	
ISO ECENTE (Use reverse side if necessary) 13) TYPE PUMP: Turbine Jet Other Other Depth to pump bowls, cylinder, jet, etc.,	Method used Cemented by Distance to septic syst Method of verification of 10) SURFACE COMPLET Specified Steel Slee Pitless Adapter Use Approved Alternath Ts. 11) WATER LEVEL: Static level Artesian flow R* 12) PACKERS:	ft. toft. No. of sacks used ft. toft. No. of sacks usedft. ft. toft. ft. t
hereby certify that this well was drilled by me (or under my supervision) and understand that failure to complete items 1 thru 15 will result in the log(s) bein COMPANY NAME	that each and all of the statements herein greturned for completion and resubmitta BULLWBWELL DRILLER'S LICE EURWT, (City) (Signed)	al.
(Licensed Well Driller) Please attach electric log, chemic		(Registered Driller Trainee)

. .

•

.

~

5