

STATE OF TEXAS WELL REPORT for Tracking #307783

Owner:	Connie Ginn	Owner Well #:	1
Address:	460 E. Knoll Rd Harper, TX 78631	Grid #:	56-47-4
Well Location:	460 E Knoll Harper, TX 78631	Latitude:	30° 19' 54" N
Well County:	Gillespie	Longitude:	099° 13' 49" W
		Elevation:	No Data
Type of Work:	New Well	Proposed Use:	Domestic

Drilling Start Date: **12/17/2012** Drilling End Date: **12/19/2012**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	8	0	60
	6.5	60	325

Drilling Method: **Air Rotary**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	2	60	30 cement

Seal Method: **tremmied**

Sealed By: **Driller**

Distance to Property Line (ft.): **150**

Distance to Septic Field or other
concentrated contamination (ft.): **175**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **owner**

Surface Completion: **Surface Sleeve Installed**

Water Level: **153 ft. below land surface on 2012-12-19** Measurement Method: **Unknown**

Packers: **rubber at 60 ft**

Type of Pump: **No Data**

Well Tests: **No Test Data Specified**

	Strata Depth (ft.)	Water Type
Water Quality:	70	fresh
		Chemical Analysis Made: No
	Did the driller knowingly penetrate any strata which contained injurious constituents?:	No

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Walden Drilling, Inc**
1690 CR 102
Llano, TX 78643

Driller Name: **Charlie Bulfer** License Number: **58222**

Comments: **No Data**

Lithology:			Casing:			
DESCRIPTION & COLOR OF FORMATION MATERIAL			BLANK PIPE & WELL SCREEN DATA			
From (ft)	To (ft)	Description	Dia. (in.)	New/Used	Type	Setting From/To (ft.)
0	to 18	clay and limestone boulders and gravel	4.5	sdr	17 new plastic	
18	to 146	white limestone	0	to 155	blank	
146		lost circulation	155	to 325	perforated. .125 slot	
146	to 325	drilled blind				

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

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



Gillespie County Application for On-Site Sewage Facility

(Permit application is good for 1 year from purchase date)

Permit # 16152

Date: 06/04/10

Fee: 150

Reason for Permit (Circle one): New Construction System Replacement System Repair

Name of Landowner: Longhorn Ranch Ginn Darrin P.
(Last) (First) (MI)

Mailing Address: 460 E. Kroll Rd. Harper, TX 78631
(Street # and name) (City & State) (Zip code)

Physical Address/Location of new septic system: 460 E. Kroll Rd.
(Street # and name)
Harper, TX 78631
(City & State) (Zip code)

Daytime Phone Number(s): 760-553-6223 Cell Number(s): same

Legal Description: Volume: 4 Page: 57 Gillespie County Tax I. D. #: R

Subdivision Name: Longhorn Ranch Lot - Blk - Phase - Tract 29

Abstract # Survey Name and #

Total Acreage: 5.2 ☒ Private Well ☐ Public Well (Supplier's Name)

Name & license # of person installing the septic system: John Taylor (OS#)

Information on a Single Family Residence: ☒ House ☐ Mobile Home ☐ Manufactured

Total Square Footage of Living Area: ☐ <1500 ☒ <2500 ☐ <3500 ☐ <4500

of bedrooms 3, # of bathrooms (Full) 3, (Half) 0, Does it have or will it have water saving devices such as, low flush toilets, reduced flow shower heads or faucets, pressure reducing valves and/or faucet aerators? ☒ Yes ☐ No Water Softener (Demand-Initiated Regeneration)

Circle: Y or N

Is the water softener plumbed separate from the OSSF: Y or N NA

Information on a Non-Single Family Residence or Commercial/Institutional Facility (including Multi-family residences) Describe usage: NA

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to Gillespie County OSSF Department to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility.

X P. G.
(Signature of Landowner)

06/04/10
(Date)

Office use only:

Daily wastewater usage rate: Q= 240 (gallons/day)

SAFE EX 6/9/10

☒ Site Evaluation

☒ Planning Materials submitted by: ☐ Installer ☐ P. E. ☒ R. S.

☒ Development Plans required for Subdivisions, Manufactured Housing Communities, Multi-Unit Residential Development, Business Parks, or other similar uses (i.e. B&B Rental, R. V. Park)

☐ Floodplain

For Aerobic Treatment units and non-standard treatment (if applicable):

☐ Affidavit to the Public

☐ Two-year maintenance contract

☒

AUTHORIZATION to CONSTRUCT Date: 6/8/10

Certification of Approval
Final Inspection Permit # 6151

Date: June 10, 2010

Approved by: Dwain C Boos

- I. Sewer (House Drain): ☐ 3" Sch 40 ☒ 4" Sch 40 ☐ Other: _____
 Slope of sewer pipe to tank ☒ minimum of 1/8"/ft.
☒ Cleanouts every 50 ft. and within 5 ft. of 90° bends

- II. Treatment: ☒ Conventional Tanks ☐ Aerobic ☐ Other: _____

TANKS SIZE AND COMPARTMENTS	SERIAL#	RISER	MANUFACTURER
1. <u>1000/2C</u>	<u>9309</u>	Y/N	<u>C&M</u>
2. _____	_____	Y/N	_____
3. _____	_____	Y/N	_____
4. _____	_____	Y/N	_____

- III. Disposal Field: ☒ Conventional Gravel ☐ Leaching Chambers (Brand) _____
☐ Low-Pressure Pipe ☐ Mounds ☐ Gravel-Less Pipe ☐ Pressure Emitters (drip)
☐ ET Beds ☐ Other: _____

Subsurface Disposal:			SQUARE FEET	
LENGTH OF TRENCH CREDIT	WIDTH	HEIGHT OF MEDIA	CREDIT	AREA=LENGTH X Sq. ft.
1. <u>254</u> ft.	<u>3'</u> ft.	<u>1'</u> ft.	<u>5</u> ft.	<u>1270</u> Sq. ft.
2. _____ ft.	_____ ft.	_____ ft.	_____ ft.	_____ Sq. ft.

- IV. Surface Disposal (Application):
 Loading Rate: _____ Area Required in Sq. ft. _____
 Area Designed in Sq. ft. _____
 Timer installed-----Y/N
 Anti-siphon Hole used-----Y/N
 Check valve used-----Y/N

- V. Map of System: GPS UTM 14 R 0477898
Not to Scale 3354929

**NO WELL @ TIME OF
 INSPECTION FOR OSSF**

