



TEXAS ASSOCIATION OF REALTORS® SELLER'S DISCLOSURE NOTICE

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Section 5 008, Property Code requires a seller of residential property of not more than one dwelling unit to deliver a Seller's Disclosure Notice to a buyer on or before the effective date of a contract. This form complies with and contains additional disclosures which exceed the minimum disclosures required by the Code.

2404 S. Pace Bend Rd.

CONCERNING THE PROPERTY AT _____

Spicewood, TX 78669

THIS NOTICE IS A DISCLOSURE OF SELLER'S KNOWLEDGE OF THE CONDITION OF THE PROPERTY AS OF THE DATE SIGNED BY SELLER AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE BUYER MAY WISH TO OBTAIN. IT IS NOT A WARRANTY OF ANY KIND BY SELLER, SELLER'S AGENTS, OR ANY OTHER AGENT.

Seller is is not occupying the Property. If unoccupied (by Seller), how long since Seller has occupied the Property?
 _____ or never occupied the Property

Section 1. The Property has the items marked below: (Mark Yes (Y), No (N), or Unknown (U).)

This notice does not establish the items to be conveyed. The contract will determine which items will & will not convey.

| Item | Y | N | U |
|------------------------------|---|---|---|
| Cable TV Wiring | ✓ | | |
| Carbon Monoxide Det. | | | |
| Ceiling Fans | ✓ | | |
| Cooktop | ✓ | | |
| Dishwasher | ✓ | | |
| Disposal | ✓ | | |
| Emergency Escape Ladder(s) | | | |
| Exhaust Fans | ✓ | | |
| Fences | ✓ | | |
| Fire Detection Equip | ✓ | | |
| French Drain | ✓ | | |
| Gas Fixtures <i>gas logs</i> | ✓ | | |

| Item | Y | N | U |
|--|---|---|---|
| Gas Lines (Nat/LP) <i>only for fireplace</i> | ✓ | | |
| Hot Tub | | ✓ | |
| Intercom System | | ✓ | |
| Microwave | ✓ | | |
| Outdoor Grill | | ✓ | |
| Patio/Decking | ✓ | | |
| Plumbing System | | ✓ | |
| Pool | | ✓ | |
| Pool Equipment | | ✓ | |
| Pool Maint. Accessories | | ✓ | |
| Pool Heater | | ✓ | |
| Public Sewer System | | ✓ | |

| Item | Y | N | U |
|--|---|---|---|
| Pump: <input type="checkbox"/> sump <input type="checkbox"/> grinder | | | ✓ |
| Rain Gutters | ✓ | | |
| Range/Stove | ✓ | | |
| Roof/Attic Vents | ✓ | | |
| Sauna | | | ✓ |
| Smoke Detector | ✓ | | |
| Smoke Detector - Hearing Impaired | | | ✓ |
| Spa | | | ✓ |
| Trash Compactor | | | ✓ |
| TV Antenna | | | ✓ |
| Washer/Dryer Hookup | ✓ | | |
| Window Screens | ✓ | | |

| Item | Y | N | U | Additional Information |
|--|---|---|---|---|
| Central A/C | ✓ | | | <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>2</u> |
| Evaporative Coolers | | ✓ | | number of units: _____ |
| Wall/Window AC Units | | ✓ | | number of units: _____ |
| Attic Fan(s) | | ✓ | | if yes, describe: _____ |
| Central Heat | ✓ | | | <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>2</u> |
| Other Heat | | ✓ | | if yes, describe: _____ |
| Oven <i>plus pellets as conversion</i> | ✓ | | | number of ovens: <u>1</u> <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____ |
| Fireplace & Chimney | ✓ | | | <input type="checkbox"/> wood <input type="checkbox"/> gas logs <input type="checkbox"/> mock <input type="checkbox"/> other: _____ |
| Carport | | ✓ | | <input type="checkbox"/> attached <input type="checkbox"/> not attached |
| Garage | ✓ | | | <input checked="" type="checkbox"/> attached <input type="checkbox"/> not attached |
| Garage Door Openers | ✓ | | | number of units: <u>1</u> number of remotes: <u>2</u> |
| Satellite Dish & Controls | | ✓ | | <input type="checkbox"/> owned <input type="checkbox"/> leased from _____ |
| Security System | ✓ | | | <input checked="" type="checkbox"/> owned <input type="checkbox"/> leased from <i>monitored by ADT</i> |
| Water Heater | ✓ | | | <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____ number of units: <u>2</u> |
| Water Softener | ✓ | | | <input checked="" type="checkbox"/> owned <input type="checkbox"/> leased from _____ |
| Underground Lawn Sprinkler | ✓ | | | <input checked="" type="checkbox"/> automatic <input type="checkbox"/> manual areas covered: <i>front grass area</i> |
| Septic / On-Site Sewer Facility | ✓ | | | if yes, attach information About On-Site Sewer Facility (TAR-1407) |

(TAR-1406) 7-16-08

Initialed by: Seller: [Signature] and Buyer: _____

Page 1 of 5

Concerning the Property at _____

Water supply provided by: city well MUD co-op unknown other: _____

Was the Property built before 1978? yes no unknown

(If yes, complete, sign, and attach TAR-1906 concerning lead-based paint hazards).

Roof Type: Composite / metal Age: 5 yrs (approximate)

Is there an overlay roof covering on the Property (shingles or roof covering placed over existing shingles or roof covering)?

yes no unknown

Are you (Seller) aware of any of the items listed in this Section 1 that are not in working condition, that have defects, or are need of repair? yes no If yes, describe (attach additional sheets if necessary): _____

Section 2. Are you (Seller) aware of any defects or malfunctions in any of the following?: (Mark Yes (Y) if you are aware and No (N) if you are not aware.)

| Item | Y | N |
|---------------------|---|-------------------------------------|
| Basement <u>N/A</u> | | |
| Ceilings | | <input checked="" type="checkbox"/> |
| Doors | | <input checked="" type="checkbox"/> |
| Driveways | | <input checked="" type="checkbox"/> |
| Electrical Systems | | <input checked="" type="checkbox"/> |
| Exterior Walls | | <input checked="" type="checkbox"/> |

| Item | Y | N |
|----------------------|---|-------------------------------------|
| Floors | | <input checked="" type="checkbox"/> |
| Foundation / Slab(s) | | <input checked="" type="checkbox"/> |
| Interior Walls | | <input checked="" type="checkbox"/> |
| Lighting Fixtures | | <input checked="" type="checkbox"/> |
| Plumbing Systems | | <input checked="" type="checkbox"/> |
| Roof | | <input checked="" type="checkbox"/> |

| Item | Y | N |
|-----------------------------|---|-------------------------------------|
| Sidewalks | | <input checked="" type="checkbox"/> |
| Walls / Fences | | <input checked="" type="checkbox"/> |
| Windows | | <input checked="" type="checkbox"/> |
| Other Structural Components | | <input checked="" type="checkbox"/> |

If the answer to any of the items in Section 2 is yes, explain (attach additional sheets if necessary): _____

Section 3. Are you (Seller) aware of any of the following conditions: (Mark Yes (Y) if you are aware and No (N) if you are not aware.)

| Condition | Y | N |
|--|---|-------------------------------------|
| Aluminum Wiring | | <input checked="" type="checkbox"/> |
| Asbestos Components | | <input checked="" type="checkbox"/> |
| Diseased Trees: <input type="checkbox"/> oak wilt <input type="checkbox"/> _____ | | <input checked="" type="checkbox"/> |
| Endangered Species/Habitat on Property | | <input checked="" type="checkbox"/> |
| Fault Lines | | <input checked="" type="checkbox"/> |
| Hazardous or Toxic Waste | | <input checked="" type="checkbox"/> |
| Improper Drainage | | <input checked="" type="checkbox"/> |
| Intermittent or Weather Springs | | <input checked="" type="checkbox"/> |
| Landfill | | <input checked="" type="checkbox"/> |
| Lead-Based Paint or Lead-Based Pt. Hazards | | <input checked="" type="checkbox"/> |
| Encroachments onto the Property | | <input checked="" type="checkbox"/> |
| Improvements encroaching on others' property | | <input checked="" type="checkbox"/> |
| Located in 100-year Floodplain | | <input checked="" type="checkbox"/> |
| Located in Floodway | | <input checked="" type="checkbox"/> |
| Present Flood Ins Coverage (If yes, attach TAR-1414) | | <input checked="" type="checkbox"/> |
| Previous Flooding into the Structures | | <input checked="" type="checkbox"/> |
| Previous Flooding onto the Property | | <input checked="" type="checkbox"/> |
| Previous Fires | | <input checked="" type="checkbox"/> |
| Previous Use of Premises for Manufacture of Methamphetamine | | <input checked="" type="checkbox"/> |

| Condition | Y | N |
|---|---|-------------------------------------|
| Previous Foundation Repairs | | <input checked="" type="checkbox"/> |
| Previous Roof Repairs | | <input checked="" type="checkbox"/> |
| Other Structural Repairs | | <input checked="" type="checkbox"/> |
| Radon Gas | | <input checked="" type="checkbox"/> |
| Settling | | <input checked="" type="checkbox"/> |
| Soil Movement | | <input checked="" type="checkbox"/> |
| Subsurface Structure or Pits | | <input checked="" type="checkbox"/> |
| Underground Storage Tanks | | <input checked="" type="checkbox"/> |
| Unplatted Easements | | <input checked="" type="checkbox"/> |
| Unrecorded Easements | | <input checked="" type="checkbox"/> |
| Urea-formaldehyde Insulation | | <input checked="" type="checkbox"/> |
| Water Penetration | | <input checked="" type="checkbox"/> |
| Wetlands on Property | | <input checked="" type="checkbox"/> |
| Wood Rot | | <input checked="" type="checkbox"/> |
| Active infestation of termites or other wood-destroying insects (WDI) | | <input checked="" type="checkbox"/> |
| Previous treatment for termites or WDI | | <input checked="" type="checkbox"/> |
| Previous termite or WDI damage repaired | | <input checked="" type="checkbox"/> |
| Termite or WDI damage needing repair | | <input checked="" type="checkbox"/> |

Concerning the Property at _____

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary):

Section 4. Are you (Seller) aware of any item, equipment, or system in or on the Property that is in need of repair, which has not been previously disclosed in this notice? yes no If yes, explain (attach additional sheets if necessary):

Section 5. Are you (Seller) aware of any of the following (Mark Yes (Y) if you are aware. Mark No (N) if you are not aware.)

Y N

- Room additions, structural modifications, or other alterations or repairs made without necessary permits or not in compliance with building codes in effect at the time.
- Homeowners' associations or maintenance fees or assessments. If yes, complete the following:
Name of association: _____
Manager's name: _____ Phone: _____
Fees or assessments are: \$ _____ per _____ and are: mandatory voluntary
Any unpaid fees or assessment for the Property? yes (\$ _____) no
If the Property is in more than one association, provide information about the other associations below or attach information to this notice.
- Any common area (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete the following.
Any optional user fees for common facilities charged? yes no If yes, describe: _____

- Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.
- Any lawsuits or other legal proceedings directly or indirectly affecting the Property.
- Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.
- Any condition on the Property which materially affects the health or safety of an individual.
- Any repairs or treatments, other than routine maintenance, made to the Property to remediate environmental hazards such as asbestos, radon, lead-based paint, urea-formaldehyde, or mold.
If yes, attach any certificates or other documentation identifying the extent of the remediation (for example, certificate of mold remediation or other remediation).

If the answer to any of the items in Section 5 is yes, explain (attach additional sheets if necessary):

(TAR-1406) 7-16-08 Initialed by: Seller: DK, SE and Buyer: _____, _____ Page 3 of 5

Concerning the Property at _____

Section 6. Seller has has not attached a survey of the Property.

Section 7. Within the last 4 years, have you (Seller) received any written inspection reports from persons who regularly provide inspections and who are either licensed as inspectors or otherwise permitted by law to perform inspections? yes no If yes, attach copies and complete the following:

| Inspection Date | Type | Name of Inspector | No. of Pages |
|-----------------|------|-------------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

Note: A buyer should not rely on the above-cited reports as a reflection of the current condition of the Property. A buyer should obtain inspections from inspectors chosen by the buyer.

Section 8. Check any tax exemption(s) which you (Seller) currently claim for the Property:

- Homestead
- Senior Citizen
- Disabled
- Wildlife Management
- Agricultural
- Disabled Veteran
- Other: _____
- Unknown

Section 9. Have you (Seller) ever received proceeds for a claim for damage to the Property (for example, an insurance claim or a settlement or award in a legal proceeding) and not used the proceeds to make the repairs for which the claim was made? yes no If yes, explain: _____

Section 10. Does the property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766 of the Health and Safety Code? unknown no yes. If no or unknown, explain. (Attach additional sheets if necessary): _____

**Chapter 766 of the Health and Safety Code requires one-family or two-family dwellings to have working smoke detectors installed in accordance with the requirements of the building code in effect in the area in which the dwelling is located, including performance, location, and power source requirements. If you do not know the building code requirements in effect in your area, you may check unknown above or contact your local building official for more information.*

A buyer may require a seller to install smoke detectors for the hearing impaired if: (1) the buyer or a member of the buyer's family who will reside in the dwelling is hearing-impaired; (2) the buyer gives the seller written evidence of the hearing impairment from a licensed physician; and (3) within 10 days after the effective date, the buyer makes a written request for the seller to install smoke detectors for the hearing-impaired and specifies the locations for installation. The parties may agree who will bear the cost of installing the smoke detectors and which brand of smoke detectors to install

Seller acknowledges that the statements in this notice are true to the best of Seller's belief and that no person, including the broker(s), has instructed or influenced Seller to provide inaccurate information or to omit any material information.

Signature of Seller _____ Date 2/7/09 Signature of Seller Sharon French Date 2/7/09
Printed Name: David French Printed Name: Sharon French

(TAR-1406) 7-16-08 Initialed by: Seller: [initials] and Buyer: _____ Page 4 of 5

Concerning the Property at _____

ADDITIONAL NOTICES TO BUYER:

- (1) The Texas Department of Public Safety maintains a database that the public may search, at no cost, to determine if registered sex offenders are located in certain zip code areas. To search the database, visit www.txdps.state.tx.us. For information concerning past criminal activity in certain areas or neighborhoods, contact the local police department.
- (2) If the property is located in a coastal area that is seaward of the Gulf Intracoastal Waterway or within 1,000 feet of the mean high tide bordering the Gulf of Mexico, the property may be subject to the Open Beaches Act or the Dune Protection Act (Chapter 61 or 63, Natural Resources Code, respectively) and a beachfront construction certificate or dune protection permit may be required for repairs or improvements. Contact the local government with ordinance authority over construction adjacent to public beaches for more information.
- (3) If you are basing your offers on square footage, measurements, or boundaries, you should have those items independently measured to verify any reported information.

(4) The following providers currently provide service to the property:

| | |
|--|---------------------------|
| Electric: <u>PEC</u> | Sewer: <u>Spillman</u> |
| Water: <u>well - plain</u> | Cable: <u>Time Warner</u> |
| Trash: <u>Royce's Disposal Service</u> | Natural Gas: <u>N/A</u> |
| Local Phone: <u>ATT</u> | Propane: <u>—</u> |

(5) This Seller's Disclosure Notice was completed by Seller as of the date signed. The brokers have relied on this notice as true and correct and have no reason to believe it to be false or inaccurate. YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY.

The undersigned Buyer acknowledges receipt of the foregoing notice and acknowledges the property complies with the smoke detector requirements of Chapter 766, Health and Safety Code, or, if the property does not comply with the smoke detector requirements of Chapter 766, the buyer waives the buyer's rights to have smoke detectors installed in compliance with Chapter 766.

| | | | |
|---------------------|------|------------------------------------|---------------|
| <u>David French</u> | Date | <u>Sharon French</u> | Date |
| Signature of Buyer | | Signature of Buyer | <u>2/7/09</u> |
| Printed Name: _____ | | Printed Name: <u>SHARON FRENCH</u> | |



TEXAS ASSOCIATION OF REALTORS®

INFORMATION ABOUT ON-SITE SEWER FACILITY

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS® IS NOT AUTHORIZED ©Texas Association of REALTORS®, Inc., 2004

CONCERNING THE PROPERTY AT 2404 S. Pace Bend Rd. Spicewood, TX 78669

A. DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:

- (1) Type of Treatment System: [X] Septic Tank [] Aerobic Treatment [] Unknown
(2) Type of Distribution System: pump to drainage field [] Unknown
(3) Approximate Location of Drain Field or Distribution System: front of property towards road [] Unknown
(4) Installer: JOE SPILLMAN [] Unknown
(5) Approximate Age: 5 yrs. [] Unknown

B. MAINTENANCE INFORMATION:

- (1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility? [] Yes [X] No
(2) Approximate date any tanks were last pumped? NONE
(3) Is Seller aware of any defect or malfunction in the on-site sewer facility? [] Yes [X] No
(4) Does Seller have manufacturer or warranty information available for review? [] Yes [X] No

C. PLANNING MATERIALS, PERMITS, AND CONTRACTS:

- (1) The following items concerning the on-site sewer facility are attached: [] planning materials [] permit for original installation [] final inspection when OSSF was installed [] maintenance contract [] manufacturer information [] warranty information
(2) "Planning materials" are the supporting materials that describe the on-site sewer facility that are submitted to the permitting authority in order to obtain a permit to install the on-site sewer facility.
(3) It may be necessary for a buyer to have the permit to operate an on-site sewer facility transferred to the buyer.

(TAR-1407) 1-7-04 Initialed for Identification by Buyer and Seller SF Page 1 of 2

D. **INFORMATION FROM GOVERNMENTAL AGENCIES:** Pamphlets describing on-site sewer facilities are available from the Texas Agricultural Extension Service. Information in the following table was obtained from Texas Commission on Environmental Quality (TCEQ) on 10/24/2002. The table estimates daily wastewater usage rates. Actual water usage data or other methods for calculating may be used if accurate and acceptable to TCEQ.

| <u>Facility</u> | <u>Usage (gal/day) without water- saving devices</u> | <u>Usage (gal/day) with water- saving devices</u> |
|---|--|---|
| Single family dwelling (1-2 bedrooms; less than 1,500 sf) | 225 | 180 |
| Single family dwelling (3 bedrooms; less than 2,500 sf) | 300 | 240 |
| Single family dwelling (4 bedrooms; less than 3,500 sf) | 375 | 300 |
| Single family dwelling (5 bedrooms; less than 4,500 sf) | 450 | 360 |
| Single family dwelling (6 bedrooms; less than 5,500 sf) | 525 | 420 |
| Mobile home, condo, or townhouse (1-2 bedroom) | 225 | 180 |
| Mobile home, condo, or townhouse (each add'l bedroom) | 75 | 60 |

This document is not a substitute for any inspections or warranties. This document was completed to the best of Seller's knowledge and belief on the date signed. Seller and real estate agents are not experts about on-site sewer facilities. Buyer is encouraged to have the on-site sewer facility inspected by an inspector of Buyer's choice.

David French
Signature of Seller _____ Date
David French

Sharon French 2/7/09
Signature of Seller _____ Date
Sharon French

Receipt acknowledged by:

Signature of Buyer _____ Date

Signature of Buyer _____ Date



PROPERTY INSPECTION SUMMARY

Prepared for: David and Sharon French
(Name of Client)

Concerning: 2404 S. Pace Bend Road; Spicewood, TX
(Address or Other Identification of Inspected Property)

By: Sidney L. Maxwell II, P.E. TREC Lic. No.: 9915 02/14/09
(Name and License of Inspector) (PE Lic # 80644) (Date)

Mr. and Mrs. French,

Thank you for the opportunity to provide an inspection for your home. Following this document is your Property Inspection Report which has been prepared following the guidelines and format required by the Texas Real Estate Commission.

Critical Items – The following observations and items should be followed up on immediately. These items pose potential safety, security, structural integrity, or system failure risks to your home. Left untreated these issues could lead to increased safety/security issues or costly repairs:

1. Window in east bedroom is difficult to open and may have a detached spring.
2. Tree limbs rubbing on overhead power drop lines need to be trimmed back.
3. Light in pantry closet in kitchen needs a safety shield installed
4. Garage outlets not GFIC protected.

Follow Up Items – The following observations and items should be further investigated and/or corrected in the near future. These items left unresolved could become critical over time:

1. One area of ceiling located near attic access in east bedroom was missing insulation.
2. Inset drawer slide in cabinet under kitchen island drags a little when pulled.
3. Cabinet door to left of range has a loose hinge.
4. Inset drawer slide in cabinet to far left of range drags a little when pulled.
5. Window in northeast bedroom is missing screen.

Monitor Items – The following observations and items should be monitored and inspected over time to insure they do not develop into more significant issues:

None noted.

This summary is used to supplement the full report and it is highly recommended that you read through the entire report. Hopefully we will have the opportunity to review your report in detail. If not please feel free to contact me at your convenience to discuss in detail.

Regards,

A handwritten signature in black ink, appearing to read "S L Maxwell II". The signature is fluid and cursive, with the "S" and "L" being particularly large and stylized.

Sidney L. Maxwell II, P.E
TREC Lic # 9915
TX P.E. Lic # 80644
Lake Travis Engineering and Inspection LLC

Send original copy by certified return receipt requested mail to: TNRCC, MC 177, P.O. Box 13087, Austin, TX 78711-3087

ATTENTION OWNER: Confidentiality
Private Notice on on reverse side
of Well Owner's copy (pink)

State of Texas WELL REPORT

Texas Water Well Drillers Advisory Council
MC 177
P.O. Box 13087
Austin, TX 78711-3087
512-329-0530

512-331-8181

1) OWNER Robert MOKRY ADDRESS 5004 Timberwolf Cr. Austin TX 78721-6712
(Name) (Street or RFD) (City) (State) (Zip)

2) ADDRESS OF WELL: County TRAVIS LOT #10 CHRISTY CREEK RR. 2333 AUSTIN TX. CRD # 57-40-8
(Street, RFD or other) (City) (State) (Zip)

3) TYPE OF WORK (Check):
 New Well Deepening
 Reconditioning Plugging

4) PROPOSED USE (Check): Monitor Environmental Soil Boring Domestic
 Industrial Irrigation Injection Public Supply De-watering Testwell
If Public Supply well, work plans submitted to the TNRCC? Yes No

5)

6) WELL LOG:
Date Drilling:
Started 5-16-98
Completed 5-16-98

| DIAMETER OF HOLE | | |
|------------------|------------|----------|
| Dia. (In.) | From (ft.) | To (ft.) |
| 7 1/2 | Surface | 20 |
| 6 | 20 | 210 |

7) DRILLING METHOD (Check): L) Driven
 Rotary Mud Rotary Bored
 Air Hammer Cable Tool Jetted
 Other

X

| From (ft.) | To (ft.) | Description and color of formation material |
|------------|----------|---|
| 0 | 2 | TOP SOIL |
| 2 | 10 | Blue loam |
| 10 | 60 | Thin line |
| 60 | 95 | Blue clay |
| 95 | 115 | Blue loam |
| 115 | 180 | Red bed |
| 180 | 190 | Water |
| 190 | 200 | Yellow rock |
| 200 | 210 | Shale |

8) Borehole Completion (Check): Open Hole Straight Well
 Underreamed Gravel Packed Other
If Gravel Packed give 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.) | | Casing Casing Screen |
|------------|-------------|--|---------------|-----|----------------------|
| | | | From | To | |
| 4 1/2 | N | PLASTIC | 0 | 210 | |

(Use reverse side of Well Owner's copy, if necessary)

13) TYPE PUMP:
 Turbine Jet Submersible Cylinder
 Other
Depth to pump bowls, cylinder, jet, etc. _____ ft.

9) CEMENTING DATA (Rule 338.441)
Cemented from 0 ft. to 20 ft. No. of sacks used 6
ft. to _____ ft. No. of sacks used _____
Method used Slurry
Cemented by B. Bible
Distance to septic system field lines or other concentration contamination N/A
Method of verification of above placement _____

14) WELL TESTS:
Type test: Pump Sealer Jetted Flow
Yield: 8 gpm with _____ ft. drawdown after _____ hrs.

10) SURFACE COMPLETION
 Specified Surface Slab Installed (Rule 338.442(A))
 Specified Steel Sleeve Installed (Rule 338.443(A))
 Pressure Adapter Used (Rule 338.443(B))
 Approved Alternative Procedure Used (Rule 338.71)

15) WATER QUALITY:
Did you knowingly penetrate any strata which contained undesirable constituents?
 Yes No If yes, submit 'REPORT OF UNDESIRABLE WATER'
Type of water? TRINITY Depth of strata 150
Was a chemical analysis made? Yes No

11) WATER LEVEL:
Static Level: 80 ft. below land surface Date 5/16/98
Artesian flow _____ gpm Date _____

12) PACKING:

| Type | Depth |
|---------|-------|
| PLASTIC | 140' |
| PLASTIC | 20' |

I hereby certify that this well was drilled by me (or under my supervision) and that each and all of the statements herein are true to the best of my knowledge and belief. I understand that failure to complete items 1 thru 15 will result in the log(s) being returned for completion and resubmission.

COMPANY NAME Bible Water Well WELL DRILLER'S LICENSE NO. 2537 W.P.
(Type or Print)
ADDRESS Po Box 1223 Johnson City TX 7636
(Street or RFD) (City) (State) (Zip)
(Signed) Bullet Bible (Registered Driller/Trainee)
(Licensed Well Driller)

Please attach electric log, chemical analysis, and other pertinent information, if available.