ATTACHMENT M

ORIGINAL USGS TOPOGRAPHIC MAP

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ATTACHMENT N

PROPERTY BOUNDARY MAP

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ATTACHMENT O

ORIGINAL GROUND LEVEL PHOTOGRAPH

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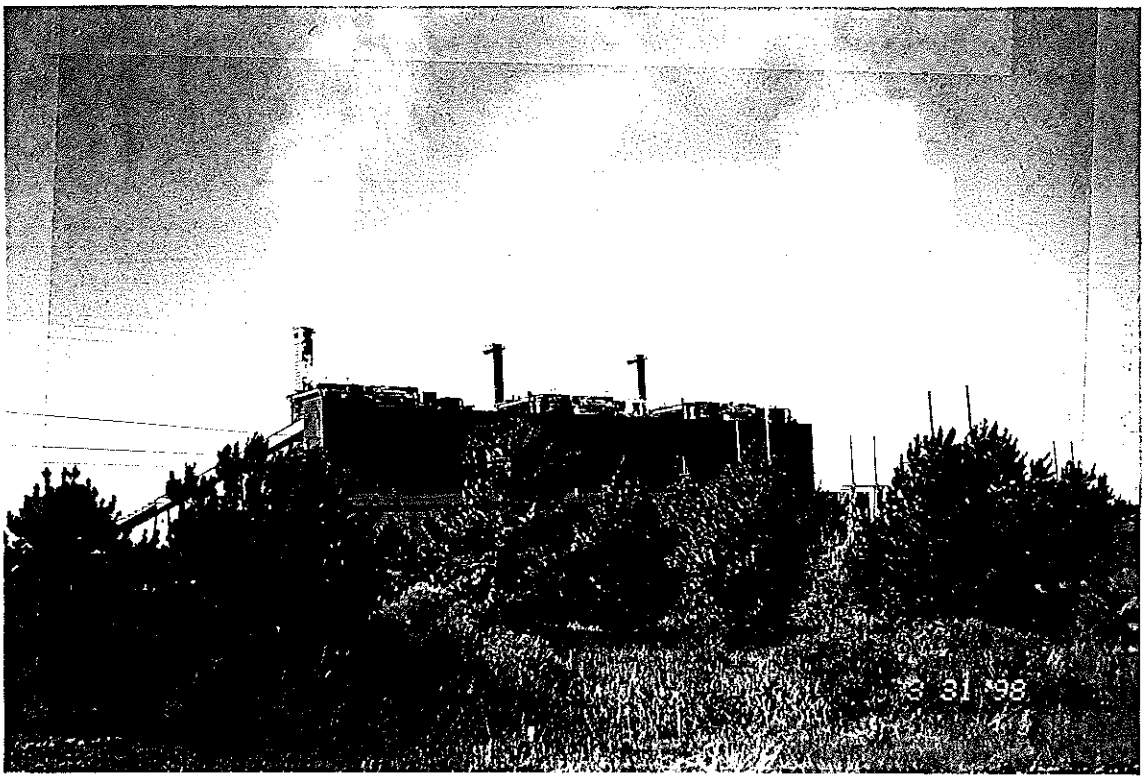

Welsh Power Plant
Facing South

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ATTACHMENT P

FACILITY / SITE INFORMATION

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General Description of Operations

Welsh Power Plant (Welsh) is located in Titus County, Texas, midway between the towns of Daingerfield and Pittsburg. Welsh is one of eight (8) production facilities owned and operated by Southwestern Electric Power Company (SWEPCO), an investor–owned electric utility company. The plant generates and distributes electricity to industrial, commercial, and residential customers in the State of Texas.

Electricity is produced by 3 generating units which are each rated at 528 MW. Total generating capacity at Welsh Power Plant is 1,584 MW. Coal-fired boilers produce steam which drives turbine–generators to make electricity. These boilers generate 3.8 million pounds steam/hr when operating at 2,620 psi and 1,000 deg F.

General Description of Water Discharges

There are two once-through cooling systems (circulating water and service water) which both draw water from Welsh Reservoir. A portion of service water (which may also be drawn from Lake O' The Pines), is treated for boiler makeup. Circulating water is pumped to the main condensers to cool and condense exhaust steam from the turbines. Service water is pumped to the generating units to miscellaneous equipment such as turbine oil and hydrogen coolers. Both cooling systems are non-contact and only pick up heat from the process before discharge. Because all cooling water is non-contact, it is not treated before discharge.

A brief description of each wastewater outfall is as follows:

Outfall	Wastewater Service
001	Discharge from secondary ash pond (settling basin) to Welsh Reservoir
002	Discharge from sanitary sewage treatment system to Welsh Reservoir
003	Discharge of once-through condenser cooling water to Welsh Reservoir
101	Discharge of metal cleaning waste to the ash settling basin and thence to Welsh Reservoir

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FACILITY MAP

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ATTACHMENT R

MSDS SHEETS FOR CHEMICAL ADDITIVES

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MATERIAL SAFETY DATA SHEET

PC-9365N ADDITIVE
ID: 6-002591

GENERAL INFORMATION

CHEMLINK CO.
A DIVISION OF PONY INDUSTRIES
2 COUNTRY VIEW ROAD
MALVERN, PA 19355
800/424/9300 CHEMTREC
215/640/2200 CHEMLINK

GENERIC NAME
DOT PROPER SHIPPING NAME — UN/NA NUMBER
HYDRAZINE, AQUEOUS SOLUTION - RQ — UN 2030
DOT HAZARD CLASS
CORROSIVE MATERIAL

2 - SUMMARY OF HAZARDS

DANGER

PHYSICAL HAZARDS:	CORROSIVE TO METALS
ACUTE HEALTH EFFECTS: (SHORT-TERM)	SEVERE EYE IRRITANT SEVERE SKIN IRRITANT MODERATELY TOXIC BY INHALATION MODERATELY TOXIC BY SKIN ABSORPTION MODERATELY TOXIC BY INGESTION
CHRONIC HEALTH EFFECTS: (LONG-TERM)	THIS MATERIAL CONTAINS 35% HYDRAZINE WHICH THE EPA RATES AS A SUSPECT CARCINOGEN. REGARDING OTHER POTENTIAL CHRONIC HEALTH HAZARDS, SEE SUPPLEMENTAL SHEET.

3 - COMPONENTS

COMPONENT NAME	CAS NUMBER
WATER	7732-18-5
HYDRAZINE	302-01-2
CARCINOGEN AS LISTED BY IARC	

4 - PHYSICAL AND CHEMICAL DATA

BOILING POINT
AP 229F
FREEZING POINT
AP -87F
SPECIFIC GRAVITY (H2O=1 AT 39.2F)
AP 1.02 AT 60F
VISCOSITY UNITS, TEMP. (KINEM)
AP 9 25C
VAPOR PRESSURE
N/DA
VAPOR SP GR (AIR=1 AT 60 - 90F)
N/DA
APPEARANCE AND COLOR
COLORLESS LIQUID; AMMONIA-LIKE ODOR

PH
AP 10.0
DRY POINT
N/DA
VOLATILE CHARACTERISTICS
NEGLIGIBLE
SOLUBILITY IN WATER
COMPLETE
STABILITY
STABLE
HAZARDOUS POLYMERIZATION
NOT EXPECTED TO OCCUR

CONDITIONS AND MATERIALS TO AVOID
AVOID EXPOSURE TO HIGH TEMPERATURES, DIRECT SUNLIGHT OR OTHER CONDITIONS LEADING TO CONCENTRATION OF MATERIAL BY EVAPORATION. DO NOT STORE NEAR ORGANIC MATERIALS, OXIDIZING AGENTS OR ACIDS.

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WASTEWATER PERMITS
APPLICATIONS TEAM

PHYSICAL AND CHEMICAL DATA (continued)

OXIDIZING AGENTS (I.E. HYDROGEN PEROXIDE, NITROGEN TETROXIDE, FLOURINE, HALOGEN FLOURIDES); ACIDS; METAL OXIDES SUCH AS IRON, COPPER, LEAD, MANGANESE
HAZARDOUS DECOMPOSITION PRODUCTS
DECOMPOSITION CAUSED BY HEAT AND/OR PRESENCE OF CATALYSTS OR IONIC IMPURITIES MAY PRODUCE AMMONIA, NITROGEN, AND HYDROGEN

OCCUPATIONAL EXPOSURE LIMITS

SUBSTANCE	SOURCE	DATE	TYPE	VALUE	TIME
HYDRAZINE					
	ACGIH	1985	TLV	.1 PPM	8 HRS
	OSHA	1971	PEL	.1 PPM	8 HRS

FIRE AND EXPLOSION

FLASH POINT METHOD= N/AP
AUTOIGNITION TEMP. METHOD= N/AP
FLAMMABLE LIMITS (% VOLUME IN AIR)
LOWER: N/AP
UPPER: N/AP
FIRE AND EXPLOSION HAZARDS
SEE SUPPLEMENT
EXTINGUISHING MEDIA
DRY CHEMICAL
CO2
WATER SPRAY
UNIVERSAL TYPE FOAM
WATER FOG
SPECIAL FIREFIGHTING PROCEDURES
DO NOT ENTER FIRE AREA WITHOUT PROPER PROTECTION. SEE SECTION ON DECOMPOSITION PRODUCTS POSSIBLE. FIGHT FIRE FROM SAFE DISTANCE/PROTECTED LOCATION. WHEN IN CLOSE PROXIMITY TO FIRE, USE SELF-CONTAINED BREATHING APPARATUS. REFER TO SECTION V FOR OTHER PERSONAL PROTECTION RECOMMENDATIONS, IF ANY. NOTIFY AUTHORITIES IF LIQUID ENTERS SEWER/PUBLIC WATERS.

HEALTH HAZARDS

ROUTES OF EXPOSURE
INHALATION -- PRIMARY ROUTE
OVEREXPOSURE MAY CAUSE COUGHING, SHORTNESS OF BREATH, DIZZINESS, INTOXICATION AND COLLAPSE.
EYE CONTACT -- PRIMARY ROUTE
MAY CAUSE SEVERE EYE IRRITATION.
SKIN ABSORPTION -- PRIMARY ROUTE
EXPOSURE TO THIS MATERIAL CAN RESULT IN ABSORPTION THROUGH SKIN CAUSING HEALTH HAZARD.
SKIN IRRITATION -- PRIMARY ROUTE
THIS MATERIAL HAS BEEN SHOWN TO BE A SEVERE SKIN IRRITANT AND AN ALLERGIC SENSITIZER
INGESTION -- PRIMARY ROUTE
SWALLOWING THIS MATERIAL MAY RESULT IN HEALTH HAZARD.
MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE
THIS MATERIAL OR ITS EMISSIONS MAY AFFECT PREGNANCY AND/OR FETAL DEVELOPMENT.

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WASTEWATER PERMITS
APPLICATIONS TEAM

PROTECTIVE EQUIPMENT / CONTROL MEASURES

RESPIRATORY PROTECTION
IF EXPOSURE CAN EXCEED THE PEL/TLV, USE ONLY NIOSH/MSHA APPROVED AIR-PURIFYING OR SUPPLIED AIR RESPIRATOR OPERATED IN A POSITIVE PRESSURE MODE.

EYE PROTECTION
EYE PROTECTION, INCLUDING BOTH CHEMICAL SPLASH GOGGLES AND FACE SHIELD, MUST BE WORN WHEN POSSIBILITY EXISTS FOR EYE CONTACT DUE TO SPRAYING LIQUID OR AIRBORNE PARTICLES. CONTACT LENSES MUST NOT BE WORN.

SKIN PROTECTION
IMPERVIOUS PROTECTIVE SUIT WITH GLOVES, BOOTS, AND FULL HEAD AND FACE PROTECTION MUST BE WORN. THE EQUIPMENT MUST BE CLEANED THOROUGHLY AFTER EACH USE.

ENGINEERING CONTROLS
BOTH LOCAL EXHAUST AND GENERAL ROOM VENTILATION ARE USUALLY REQUIRED TO MEET EXPOSURE STANDARD(S).

OTHER HYGENIC PRACTICES
EMERGENCY EYE WASH FOUNTAINS AND SAFETY SHOWERS SHOULD BE AVAILABLE IN THE IMMEDIATE VICINITY OF ANY POTENTIAL EXPOSURE.

OTHER WORK PRACTICES
USE GOOD PERSONAL HYGIENE PRACTICES. WASH HANDS BEFORE EATING, DRINKING, SMOKING, OR USING TOILET FACILITIES. PROMPTLY REMOVE SOILED CLOTHING/WASH THOROUGHLY BEFORE REUSE. SHOWER AFTER WORK USING PLENTY OF SOAP AND WATER.

9 - EMERGENCY AND FIRST AID

INHALATION
IF OVERCOME BY EXPOSURE, REMOVE VICTIM TO FRESH AIR IMMEDIATELY. GIVE OXYGEN OR ARTIFICIAL RESPIRATION AS NEEDED. OBTAIN EMERGENCY MEDICAL ATTENTION. PROMPT ACTION IS ESSENTIAL.

EYE CONTACT
IN CASE OF EYE CONTACT, IMMEDIATELY RINSE WITH CLEAN WATER FOR 20-30 MINUTES. RETRACT EYELIDS OFTEN. OBTAIN EMERGENCY MEDICAL ATTENTION.

SKIN CONTACT
IMMEDIATELY REMOVE CONTAMINATED CLOTHING. WASH SKIN THOROUGHLY WITH MILD SOAP/WATER. FLUSH WITH LUKEWARM WATER FOR 15 MINUTES. IF STICKY, USE WATER-LESS CLEANER FIRST. OBTAIN EMERGENCY MEDICAL ATTENTION.

INGESTION
IF SWALLOWED, GIVE LUKEWARM WATER OR MILK (PINT) IF VICTIM COMPLETELY CONSCIOUS/ALERT. DO NOT INDUCE VOMITING BECAUSE OF CORROSIVE EFFECTS. OBTAIN EMERGENCY MEDICAL ATTENTION.

EMERGENCY MEDICAL TREATMENT PROCEDURES
MAINTAIN AIRWAY. IF PATIENT IS CYANOTIC, PROVIDE ARTIFICIAL VENTILATION/ OXYGEN IMMEDIATELY. CPR MAY BE INDICATED.
IF SWALLOWED, DO NOT INDUCE VOMITING. GASTRIC LAVAGE AND CATHARTIC INDICATED.

0 - SPILL AND DISPOSAL

PRECAUTIONS IF MATERIAL IS SPILLED OR RELEASED
POTENTIAL ENVIRONMENTAL HAZARD. PREVENT FLOW TO SEWERS/PUBLIC WATERS. IMPOUND/RECOVER LARGE LAND SPILL; SOAK UP SMALL SPILL. ON WATER, MAY BIODEGRADE. CONTAIN/MINIMIZE DISPERSION/COLLECT. REPORT PER REGULATORY REQUIREMENTS.

WASTE DISPOSAL METHODS
SEE SUPPLEMENT

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APPLICATIONS TEAM

1 - ADDITIONAL PRECAUTIONS

HANDLING AND STORAGE PROCEDURES
SEE SUPPLEMENT

. - ADDITIONAL PRECAUTIONS (continued)

DECONTAMINATION PROCEDURES
ISOLATE, VENT, DRAIN, WASH, AND PURGE EQUIPMENT BEFORE MAINTENANCE. REMOVE ALL IGNITION SOURCES. CHECK ATMOSPHERE FOR EXPLOSIVENESS AND OXYGEN DEFICIENCIES. IF ANY RESIDUAL PRODUCT MAY BE PRESENT, TOTAL-ENCAPSULATING IMPERVIOUS PROTECTIVE SUITS, GLOVES, AND BOOTS SHOULD BE WORN. SEE PROTECTIVE EQUIPMENT ON PAGE 2 FOR PROPER RESPIRATORY PROTECTION.

2 - LABEL INFORMATION

USE STATEMENT
FOR INDUSTRIAL USE ONLY
KEEP OUT OF REACH OF CHILDREN
SIGNAL WORD
DANGER
PHYSICAL HAZARDS
CORROSIVE TO METALS
HEALTH HAZARDS
SEVERE SKIN AND EYE IRRITANT
INGESTION, INHALATION, AND SKIN CONTACT HAZARD
MAY CAUSE CANCER
MAY CAUSE LONG-TERM ADVERSE HEALTH EFFECTS
MAY CAUSE ALLERGIC REACTION
PRECAUTIONARY MEASURES
AVOID OXIDIZING AGENTS.
STORE IN TIGHTLY CLOSED CONTAINERS.
AVOID CONTACT WITH EYES, SKIN, AND CLOTHING.
AVOID PROLONGED OR REPEATED CONTACT WITH SKIN.
USE ONLY WITH ADEQUATE VENTILATION/PERSONAL PROTECTION.
PREVENT CONTACT WITH FOOD, CHEWING, OR SMOKING MATERIALS.
WASH THOROUGHLY AFTER HANDLING.
DO NOT TASTE/SWALLOW.
LIQUID PENETRATES LEATHER SHOES CAUSING DELAYED BURNS OR TOXIC EFFECTS.
DO NOT STORE IN MILD STEEL, ALUMINUM, BRASS OR ADMIRALTY.

- SUPPLEMENT

NOTE -- QUALIFIERS AND CODES USED IN THIS MSDS

EQ	= EQUAL	AP	= APPROXIMATELY
LT	= LESS THAN	GT	= GREATER THAN
TR	= TRACE	UK	= UNKNOWN
N/AP	= NOT APPLICABLE	N/P	= NO APPLICABLE INFORMATION FOUND
N/DA	= NO DATA AVAILABLE		

- DISCLAIMERS

SOME OF THE INFORMATION PRESENTED AND CONCLUSIONS DRAWN HEREIN ARE FROM SOURCES OTHER THAN DIRECT TEST DATA ON THE PRODUCT ITSELF.

THE INFORMATION IN THIS MSDS WAS OBTAINED FROM SOURCES WHICH WE BELIEVE ARE RELIABLE. HOWEVER, THE INFORMATION IS PROVIDED WITHOUT ANY WARRANTY, EXPRESS OR IMPLIED, REGARDING ITS CORRECTNESS.

THE CONDITIONS OR METHODS OF HANDLING, STORAGE, USE AND DISPOSAL OF THE PRODUCT ARE BEYOND OUR CONTROL AND MAY BE BEYOND OUR KNOWLEDGE. FOR THIS AND OTHER REASONS, WE DO NOT ASSUME RESPONSIBILITY AND EXPRESSLY DISCLAIM LIABILITY FOR LOSS, DAMAGE OR EXPENSE ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE HANDLING, STORAGE, USE OR DISPOSAL OF THE PRODUCT.

THIS MSDS WAS PREPARED AND IS TO BE USED ONLY FOR THIS PRODUCT. IF THE PRODUCT IS USED AS A COMPONENT IN ANOTHER PRODUCT, THIS MSDS INFORMATION

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WATER PERMITS
APPLICATIONS TEAM

8 - DISCLAIMERS (continued)

MAY NOT BE APPLICABLE.

THIS MSDS HAS BEEN PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE OSHA HAZARD COMMUNICATION STANDARD (29 CFR 1200).

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WASTEWATER PERMITS
APPLICATIONS TEAM

Thompson Hayward

1. Ingestion

Repeated ingestion or the ingestion of large quantities may cause damage to the membranes of the mouth, throat, and gastro-intestinal tract which the material contacts. Burns of the mouth and throat, nausea, vomiting, cramps and diarrhea may occur. If untreated, tissue ulceration may result.

2. Eye Effects

Local irritation of the eyes may occur from contact with the powder, granules or aqueous solutions.

3. Dermal Effects

Skin contact with the powder or concentrated aqueous solutions may cause local irritaton

4. Inhalation

No health effects are known to occur from inhalation of mono-sodium phosphate. Inhalation of dusts, mists or sprays may result in nonspecific irritation of the upper respiratory tract.

5. Threshold Limit Value

No threshold limit value has been established by the American Conference of Governmental Industrial Hygienists.

6. Warning Properties

None.

VII. First Aid

First aid should be given immediately. Prompt treatment may greatly decrease the severity of the effect. In case of injury, the patient should be referred to a physician.

1. Ingestion

Give large amounts of water or warm salty water to induce vomiting. If this measure is unsuccessful, vomiting may be induced by tickling the back of the patient's throat with a finger. Vomiting should be encouraged until the vomitus is clear. Milk, eggs or olive oil may be given for their soothing effect after vomiting has been completed. Obtain medical attention if abdominal discomfort persists.

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WASTE MANAGEMENT
APPLICATIONS

2. Eye Contact

Immediately flush the eyes with large quantities of running water for a minimum of 15 minutes. Hold the eyelids apart during the irrigation to ensure flushing of the entire surface of the eye and lids with water. Do not attempt to neutralize with chemical agents. Obtain medical attention if irritation persists. Oils or ointments should not be used unless directed by a physician.

3. Skin Contact

Flush affected areas with water. Do not attempt to neutralize with chemical agents. Obtain medical attention if irritation persists.

4. Inhalation

Remove from contaminated atmosphere. If symptoms of respiratory discomfort persists, see a physician.

VIII. Precautions for Normal Use

A minor spill is defined as a small quantity which can be handled routinely considering the physical and hazardous properties of the product as well as the location of the spill.

The procedure to follow for minor spills is to sweep up the material, transfer to a container, and discard in the general dump. The residue may be washed away with water.

Spills which are not considered to be minor, which are considered to be an emergency, must be handled according to a predetermined plan. For assistance in developing such a plan, contact Stauffer's Technical Service Department.

IX. Recommended Safety Equipment

Dust mask
Goggles
Gloves, for continuous handling of the product.

X. Corrosivity to Materials of Construction

Neither mild steel nor brass is recommended for use with Monosodium Phosphate. Stainless steel is recommended.

XI. Storage Requirements

Storage in a cool, dry, ventilated area away from the direct rays of the sun is recommended. The containers should be well sealed.

XII. Disposal of Unused Material

For assistance in disposing of unused material contact Stauffer's Technical Service Department.

XIII. Disposal of Container

Residual quantities of material do not require special handling when disposing of empty containers. Empty containers may be incinerated or discarded with general trash.

XIV. References

Stauffer data.

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WASTEWATER PERMITS
APPLICATION 6/7/1 AM

MATERIAL SAFETY DATA SHEET

ODUCT NAME: AQUA AMMONIA 26BE
ODUCT CODE: 16-05496-00

DATE: 12/11/85 PAGE 04

SECTION VII Spill and Leak Procedures CONTINUED
with large amount of water. Contain spill by diking.

Waste Disposal Method: Disposal of Ammonium Hydroxide or Aqua Ammonia may be subject to Federal, State and local regulations. Users of this product should review their operations in terms of applicable Federal, State and local laws and regulations, then consult with appropriate regulatory agencies before discharging. If disposed of as shipped, this material is a RCRA corrosive waste having a hazardous waste ID no. D002 (40 CFR 261.22).

:TION VIII D.O.T. Shipping Information

Proper Shipping Name:	AQUA AMMONIA SOLUTION (CONTAINING NOT LESS THAN 12% OR MORE THAN 44% AMMONIA)
Hazard Class:	CORROSIVE MATERIAL
ID Number:	NA2672
Label Requirements:	CORROSIVE
Other Information:	

TION IX Additional Information

This information may be of importance to you:

Under the Comprehensive Environmental Response, Compensation and Liability Act of 1980, any environmental release of this chemical equal to or over the reportable quantity of 1000 lbs. must be reported promotly to the National Response Center, Washington, D.C. (1-800-424-8802). Any consumer product containing 5% or more ammonia requires a "POISON" label under FHSA (16 CFR 1500.129(1)).

********* E N D O F R E P O R T *********

NAME: EDWARD E. CHAPMAN DATE ISSUED: 11/12/1985
DATE REVISED:

< = LESS THAN
> = MORE THAN

N/A = NOT APPLICABLE
N/D = NOT DETERMINED
N/E = NOT ESTABLISHED

UNK = UNKNOWN

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WATER PERMITS
APPLICATIONS TEAM

THOMPSON-HAYWARD CHEMICAL COMPANY
KANSAS CITY, KANSAS

MATERIAL SAFETY DATA SHEET

PRODUCT NAME: AQUA AMMONIA 26BE
PRODUCT CODE: 16-05496-00
DATE: 12/11/85 PAGE 01

CAS # 001336-21-6

FORMULA: NH(4)OH/H(2)O

CHEMICAL FAMILY: Nitrogen Hydride

CHEMICAL NAME AND SYNONYMS: Ammonium Hydroxide
Ammonia aqueous
Ammonia solution

SUPPLIERS NAME: Thompson-Hayward Chemical Company
5200 Speaker Rd
Kansas City Ks 66106
SUPPLIERS PHONE NUMBER: 913-321-3131
TRANSPROTATION EMERGENCY PHONE NUMBER: 1-800-424-9300

SECTION I Hazardous Ingredients

Ingredient	Percent	TLV
Ammonia	29.4%	25 ppm TWA ACGIH 1984-1985

SECTION II Health Hazards

Threshold Limit Value: 25 ppm TWA (ACGIH 1984-1985) (Ammonia)

Effects of Overexposure:

Eyes: Corrosive. Eye contact may cause serious damage, including ulceration, perforation, scarring or blindness.

Skin: Local irritation, burns, blister formation.

Inhalation: Irritation, headache, coughing, severe lung congestion, breathing difficulty, convulsions and shock.

Ingestion: As with other corrosive alkalis, severe burning of gullet, stomach, mouth and throat. Possible death from shock or asphyxia LD(50): 350 mg/kg (rats)

First aid:

Eyes: CALL A PHYSICIAN AT ONCE! Irrigate the eyes immediately for 15 minutes and repeat for 5 minutes each 10 minutes for 1 hour. Hold eyelids apart to ensure flushing of the entire eye surface.

Skin: Remove contaminated clothing. Flush with water at least 15 minutes, DO NOT apply salves or ointments. Subsequent treatment is the same as for dermal burns. Launder clothing before reuse. CALL PHYSICIAN AT ONCE!

Inhalation: Wear respiratory protection as necessary and remove to fresh air at once! If breathing has stopped, give artificial respiration. If breathing with difficulty, give oxygen. CALL A PHYSICIAN AT ONCE!

Ingestion: DO NOT induce vomiting. Encourage the victim to

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APPLICATIONS TEAM

CONTINUED ON PAGE 02

SECTION II Health Hazards

drink large amounts of water, substituting, as available, diluted vinegar, lemon juice, orange juice. Follow with a demulcent such as egg white, olive oil, milk, as available. CALL A PHYSICIAN AT ONCE!

CONTINUED

Other Information:

VAPORS; Intense irritant and may produce severe tracheitis, bronchitis, and chemical pneumonia.

STRONG SOLUTION: Can cause tissue destruction on contact.

SHORT CONTACT WITH EYE: May cause serious eye damage.

SKIN CONTACT: Can vary from relatively mild dermatitis to severe burns, depending on solution strength, contact time, and sensitivity.

ALWAYS CALL A PHYSICIAN AT ONCE!

SECTION III Special Protection Information

Respiratory Protection; Where required, use a respirator approved by NIOSH for ammonia.

Ventilation Required: Ventilation sufficient to ammonia maintain gas below 25 ppm TWA by volume in air. Rooms where ammonia might escape should have ventilation ducts leading to the outside.

Protective Equipment:

Eyes: Gas-tight chemical goggles or full length face shield protection when handling leaks or spills. NEVER WEAR CONTACT LENSES!!

Skin: Rubber or other protective gloves (gauntlets) should be worn where there is any danger of contact.

Additional Protective Measures:

Low Concentrations: Rubber coat, gloves, etc. may be sufficient.

High Concentrations: Complete acid suit.

SECTION IV Fire & Explosion Hazard Data

Flash Point (Method): N/A

Flammable Limits (% Volume in Air):

Upper: 25 for evolved ammonia

Lower: 16 for evolved ammonia

Extinguishing Media: Water

Special Fire Fighting Procedures: If involved in a fire from another

CONTINUED ON PAGE 03.

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THOMPSON-HAYWARD CHEMICAL COMPANY
KANSAS CITY, KANSAS

MATERIAL SAFETY DATA SHEET

SECTION IV Fire & Explosion Hazard Data CONTINUED

cause, a spray or fog of water is effective in removing the generated ammonia gas from the atmosphere. In above circumstances, firemen should use self-contained breathing apparatus. Keep containers cool with water stream and spray.

Unusual Fire and Explosion Hazards: Rapid addition to concentrated universal acids could create explosive conditions. In air ammonia gas is flammable at concentrations of 16-25% ammonia by volume. Such concentrations could occur if aqua ammonia is heated in a confined area which is not adequately ventilated. NH(3) increases the fire hazard from other combustible materials, including oil. Flammable limits are broadened by increasing temperature.

CTION V Physical Data

Boiling Point: 80 deg. F.

Specific Gravity (H(2)O=1): 0.897 @ 60 deg. F.

Vapor Pressure (MM HG.): 546 @ 20 deg. C.

Vapor Density (AIR=1): <1

Evaporation Rate (_____=1): N/A

Solubility in Water: Complete

Percent Volatile by Volume: 100% @ 212 deg. F.

pH: Unknown (11.6 for a normal solution)

Appearance and Odor: Colorless liquid; pungent odor (ammonia).

TION VI Reactivity Data

Stability: Stable at room temperature. Aqua ammonia will react exothermically with acids. Releases ammonia vapor when heated.

Incompatibility: Avoid mixing with sulfuric acid or other strong mineral acids, hypochlorites (chlorine bleach), halogens, and/or sodium hydroxide. Avoid contact with iron, galvanized surfaces, copper, brass, bronze, aluminum alloys, mercury, gold, silver, or strong oxidizers. Avoid heating.

Hazardous Decomposition Products: Gaseous NH(3) (ammonia) on heating. When heated to decomposition, emits NH(3) (ammonia) and NO(x).

Hazardous Polymerization: Will not occur.

TION VII Spill and Leak Procedures

Steps to be taken if material is released or spilled: Wear respiratory protection and protective clothing. Stop source if possible. Stay upwind and use water to absorb the evolved gas. Dilute

CONTINUED ON PAGE 04

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AIR PERMITS
EXCEPTIONS TEAM

THOMPSON-HAYWARD CHEMICAL COMPANY
KANSAS CITY, KANSAS

MATERIAL SAFETY DATA SHEET

RODUCT NAME: PHOS SODA DI ANHY GRAN 50#
RODUCT CODE: 16-20067-01

DATE: 10/09/87 PAGE 04

SECTION VIII D.O.T. Shipping Information

CONTINUED

ID Number: NONE

Label Requirements: NONE

Reportable Quantity: NONE

Other Information:

CTION IX Additional Information

This information may be of importance to you:

NOTES:

a) Minimize skin contact. Wash with soap and water before eating, drinking, smoking or using toilet facilities.

b) Food grade-FDA GRAS list, permitted in food. USDA Permitted in meat.

c) Store in a dry area for product quality assurance.

NPCAHMIS 000E

********* E N D O F R E P O R T *********

NAME: EDWARD E. CHAPMAN

DATE ISSUED: 10/31/1985
DATE REVISED: 08/24/1987

< = LESS THAN
> = MORE THAN

N/A = NOT APPLICABLE
N/D = NOT DETERMINED
N/E = NOT ESTABLISHED

UNK = UNKNOWN

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APPLICATIONS TEAM

THOMPSON-HAYWARD CHEMICAL COMPANY
KANSAS CITY, KANSAS

MATERIAL SAFETY DATA SHEET

ODUCT NAME: PHOS SODA DI ANHY GRAN 50#
ODUCT CODE: 16-20067-01 DATE: 10/09/87 PAGE 01

CAS # 007558-79-4

FORMULA: Na(2)HPO(4)

CHEMICAL FAMILY: Phosphates

CHEMICAL NAME AND SYNONYMS: Disodium Phosphate; Disodium Orthophosphate; Sodium Phosphate Dibasic; DSP; Disodium Hydrogen Phosphate.

SUPPLIERS NAME: Thomoson-Hayward Chemical Company
5200 Speaker Rd
Kansas City Ks 66106
SUPPLIERS PHONE NUMBER: 913-321-3131
TRANSPROTATION EMERGENCY PHONE NUMBER: 1-800-424-9300

CTION I Hazardous Ingredients

Ingredient	Percent	TLV
Disodium Phosphate	100%	TLV NUISANCE DUST PEL TWA 8 hr. 15 mg/m(3) Total Dust 5 mg/m(3) Respirable Dust OSHA TLV TWA 8 hr. 10 mg/m(3) Total Dust ACGIH 86/87

CTION II Health Hazards

Threshold Limit Value: As indicated SEC. I

Potential Effects of Exposure:

Eyes: May cause irritation & watering. Mild irritant to unwashed eyes, non-irritating to washed eyes indicated in industry studies of the rabbit.

Skin: Slight irritation. (RTECS '81-'82)

Inhalation: Inhalation of high airborne concentrations of dusts or mists may result in nonspecific irritation of upper respiratory tract. May cause sneezing.

Ingestion: Ingestion of large quantities may cause symptoms of gastrointestinal irritation.

First aid:

Eyes: Flush with water for 15 minutes while holding eyelids open. Get medical attention if irritation persists.

Skin: Wash off with water. If clothing contaminated, clean before reuse.

Inhalation: Remove to dust-free air.

Ingestion: Rinse mouth, and dilute stomach contents with water or preferably milk if available. Consult with a physician.

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CONTINUED ON PAGE 02

THOMPSON-HAYWARD CHEMICAL COMPANY
KANSAS CITY, KANSAS

MATERIAL SAFETY DATA SHEET

SECTION II Health Hazards
Other Information: CONTINUED

Notes to Physician:

Ingestion of large dose (e.g. 20 g) may cause nausea and vomiting. If vomiting is not spontaneous. Induction is usually not necessary as phosphates are laxatives. Symptomatic and supportive treatment is recommended.

SECTION III Special Protection Information

Respiratory Protection: Use NIOSH approved equipment suitable for nuisance dusts when airborne exposure is excessive. Consult respirator manufacturer to determine appropriate type equipment for given application.

Ventilation Required: Provide ventilation to minimize exposure. Local exhaust ventilation preferred if dust created in confined quarters.

Protective Clothing:

Eyes: Use chemical safety glasses, goggles, or face shield selected with regard to use condition exposure potential.

Skin: Wear protective gloves to minimize skin contact.

Additional Protective Measures: Safety shower, eye bath and washing facilities should be available.

SECTION IV Fire & Explosion Hazard Data

Flash Point (Method): Non-flammable

Flammable Limits (% Volume in Air):

Upper: Non-flammable

Lower: Non-flammable

Extinguishing Media: N/A

Special Fire Fighting Procedures: N/A

Unusual Fire and Explosion Hazards: N/A

SECTION V Physical Data

Boiling Point: N/A

Melting Point: Water Loss @ 356 deg. F.

Specific Gravity (H(2)O=1): N/D

Vapor Pressure (MM HG.): Non-volatile

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CONTINUED ON PAGE 03

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KANSAS CITY, KANSAS

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SECTION V Physical Data

CONTINUED

Vapor Density (AIR=1): Non-volatile

Bulk Density: Granular 52-57 lbs/cu. ft.
Powder 49-52 lbs/cu. ft.

Evaporation Rate (____=1): N/A

Solubility in Water: 11.5% at 77 deg. F

Percent Volatile by Volume: Non-volatile

pH: 1% solution at 77 deg. F-9.0

Appearance and Odor: White granules or powder; odorless

CTION VI Reactivity Data

Stability: Stable

Incompatibility: None

Hazardous Decomposition Products: None

Hazardous Polymerization: Will not occur.

TION VII Spill and Leak Procedures

Steps to be taken if material is released or spilled: Sweep, scoop or vacuum up all spilled material, contaminated soil and other contaminated material and place in containers. If possible, complete cleanup on a dry basis. After all practical dry cleanup has been done, residual contamination can be flushed with plenty of water.

Waste Disposal Method:

Dispose of in an approved disposal facility in accordance with all local, state, federal regulations.

Sodium phosphate, dibasic, as currently defined, is a hazardous substance in the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (Superfund) and in the current federal regulations 40 CFR, Part 116 (Section 311, Clean Water Act) with a reportable quantity of 5,000 pounds if spilled into navigable waters. Since federal, state and local laws may vary, consult your attorney or appropriate regulatory officials for information relating to spill reporting.

ION VIII D.O.T. Shipping Information

Proper Shipping Name: NONE

Hazard Class: NONE

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PETROLEUM TEAM

CONTINUED ON PAGE 04

Hooker Industrial Chemicals DIVISION

ADAPTED FROM USDL FORM NO. LSD - 003-A

MATERIAL SAFETY DATA SHEET

4

HFPA Designation

CHEMICAL NAME: Trisodium Phosphate, Crystalline

PLANT CODE | MATERIAL CODE

MANUFACTURER'S NAME: Hooker Chemical Corporation

CHEMICAL NAME AND SYNONYMS: Trisodium Orthophosphate

TRADE NAME: TSP - Crystal

ADDRESS: (NUMBER, STREET, CITY, STATE AND ZIP CODE): Niagara Falls, New York 14302

EMERGENCY TELEPHONE NO.: (716) - 285-6655

CHEMICAL FORMULA: $Na_3PO_4 \cdot 12H_2O$

MOL. WT.: 380.16

USES: Soaps, detergents, water treating compounds

Physical Properties

BOILING POINT (°F) (-11 H_2O)	212°	SPECIFIC GRAVITY (H_2O=1) (Bulk Density)	0.8-0.9
VAPOR PRESSURE (mmHg)	--	PERCENT VOLATILE BY VOLUME (%)	
VAPOR DENSITY (AIR=1)	--	EVAPORATION RATE (=1)	
SOLUBILITY IN WATER (cold)	22%		

APPEARANCE AND ODOR: Odorless, white, free flowing granular solid.

Fire and Explosion Hazard Data

FLASH POINT: None °F | METHOD:

FLAMMABLE LIMITS: UEL -- LEL --

AUTOIGNITION TEMP.: None °F

EXTINGUISHING MEDIA: Not combustible.

SPECIAL FIRE FIGHTING PROCEDURES: As appropriate for surrounding fire.

UNUSUAL FIRE AND EXPLOSION HAZARDS: Solutions highly alkaline; can react with aluminum liberating flammable hydrogen; also irritating to skin and eyes.

Reactivity

INCOMPATIBILITY: Reacts with strong acids liberating heat. Water solutions react with aluminum liberating hydrogen.

HAZARDOUS DECOMPOSITION PRODUCTS: Heating to decomposition liberates oxides of phosphorus.

CONDITIONS TO AVOID: Contact with strong acids. Contact of water solutions with aluminum. Avoid personal contact with either crystals or solutions.

Hooker Industrial Chemicals DIVISION

ADAPTED FROM USOL
FORM NO. LSD - 003-4

MATERIAL SAFETY DATA SHEET

4

HFPA Designati

CHEMICAL NAME: Trisodium Phosphate, Crystalline

PLANT CODE | MATERIAL CODE

MANUFACTURER'S NAME: Hooker Chemical Corporation

ADDRESS: (NUMBER, STREET, CITY, STATE AND ZIP CODE) Niagara Falls, New York 14302

EMERGENCY TELEPHONE NO. (716) - 285-6655

CHEMICAL NAME AND SYNONYMS: Trisodium Orthophosphate

TRADE NAME: TSP - Crystal

CHEMICAL FORMULA: $Na_3PO_4 \cdot 12H_2O$

MOL. WT.: 380.16

USES: Soaps, detergents, water treating compounds

Physical Properties

BOILING POINT (°F) (-11 H_2O)	212°	SPECIFIC GRAVITY (H_2O=1) (Bulk Density)	0.8-0.9
VAPOR PRESSURE (mmHg)	--	PERCENT VOLATILE BY VOLUME (%)	
VAPOR DENSITY (AIR=1)	--	EVAPORATION RATE (=1)	
SOLUBILITY IN WATER (cold)	22%		

APPEARANCE AND ODOR: Odorless, white, free flowing granular solid.

Fire and Explosion Hazard Data

FLASH POINT: None °F | METHOD:

FLAMMABLE LIMITS: UEL -- LEL --

AUTOIGNITION TEMP.: None °F

EXTINGUISHING MEDIA: Not combustible.

SPECIAL FIRE FIGHTING PROCEDURES: As appropriate for surrounding fire.

UNUSUAL FIRE AND EXPLOSION HAZARDS: Solutions highly alkaline; can react with aluminum liberating flammable hydrogen; also irritating to skin and eyes.

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Reactivity

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HAZARDOUS DECOMPOSITION PRODUCTS: Heating to decomposition liberates oxides of phosphorus.

CONDITIONS TO AVOID: Contact with strong acids. Contact of water solutions with aluminum. Avoid personal contact with either crystals or solutions.

Health Related Data

THRESHOLD LIMIT VALUE Not specified.

EFFECTS OF OVEREXPOSURE (SKIN, EYE, INHALATION ETC.) Due to alkaline nature, acts as moderate irritant to skin, eyes and mucous membranes.

EMERGENCY AND FIRST AID PROCEDURES

EYES: Flush with large amount of water.

SKIN: Wash with soap and water.

INGESTION: Dilute by drinking large amount of water.

SPECIAL MEDICAL PROCEDURES Not usually required.

Special Protection Information

VENTILATION General room ventilation.

RESPIRATORY (TYPE) Mist protection where appropriate.

GLOVES (TYPE) Rubber, neoprene or vinyl.

EYE (TYPE) Chemical safety goggles.

OTHER

SPECIAL PRECAUTIONS FOR HANDLING AND STORAGE Store in clean, dry area separate from strong acids. Avoid aluminum in handling solutions.

STEPS TO TAKE IN EVENT OF SPILL OR RELEASE Solid - shovel into containers for reclaim or transfer to disposal area. Solutions - contain by diking; if material enters sewer, dilute with large amount of water. Finally, flush spill area with water.

WASTE DISPOSAL Bury as landfill in disposal area; or treat solutions with lime, burying resulting sludge in landfill area.

REMARKS

REFERENCES Hooker Chemical Corporation Product Data Sheet No. 909: Trisodium Phosphate, Crystalline.

The information presented herein, while not guaranteed, was prepared by technically trained personnel and to the best of our knowledge is true and accurate. It is not intended to be all-inclusive and the manner and conditions of use and handling may involve other or additional considerations.

NAME George W. Darling

LOC. Niagara-ICD

DATE March 1972

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Health Related Data

THRESHOLD LIMIT VALUE Not specified.

EFFECTS OF OVEREXPOSURE (SKIN, EYE, INHALATION ETC.) Due to alkaline nature, acts as moderate irritant to skin, eyes and mucous membranes.

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EYES: Flush with large amount of water.

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OTHER

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NAME George W. Darling

LOC. Niagara-ICD

DATE March 1972

MATERIAL SAFETY DATA SHEET

CORPORATE RESEARCH & DEVELOPMENT

SCHENECTADY, N. Y. 12305

Phone: (518) 385-4085 DIAL COMM 8*235-4085

MATERIALS INFORMATION SERVICES

No. 53

CHLORINE

Date July 1979

SECTION I. MATERIAL IDENTIFICATION

MATERIAL NAME: CHLORINE

OTHER DESIGNATIONS: Cl_2, CAS # 007 782 505

DESCRIPTION: A gas shipped in steel cylinders as a liquid under its own vapor pressure.

MANUFACTURER: Available from many suppliers.

SECTION II. INGREDIENTS AND HAZARDS

SECTION II. INGREDIENTS AND HAZARDS	%	HAZARD DATA
Chlorine *Current OSHA ceiling limit. ACGIH TLV (1978) is 1 ppm with a STEL of 3 ppm for up to 15 minutes exposure. NIOSH (1976) proposed a ceiling limit of 0.5 ppm (15 minute sampling time). (Controversy going on whether OSHA standard should include ceiling limit or not.)	> 99	8-hr TWA 1 ppm (C) or 3 mg/m^3 *

SECTION III. PHYSICAL DATA

Boiling point at 1 atm, deg C ---------- -34

Vapor pressure at 20 C, mm Hg ---------- 4800

Vapor density (Air=1) ---------- 2.49

Water solubility at 20 C, 1 atm, g/l -- 7.3

Density at 0°C:

Gas at 1 atm, g/liter ---- 3.214

Liquid at 3.65 atm, g/cc -- 1.47

Molecular weight ----------70.91

Appearance & Odor: A greenish-yellow gas or clear, amber-colored liquid with a suffocating, pungent, irritating odor. The odor recognition threshold (100% of test panel, unfatigued) is reported at 0.314 ppm. The odor is easily noticed at 1.9-3.5 ppm and has been reported as intolerable at 2.6-41 ppm, depending on the observer.

SECTION IV. FIRE AND EXPLOSION DATA

Flash Point and Method	Autoignition Temp.	Flammability Limits In Air %	LOWER	UPPER
Non-flammable,				

Use extinguishing media that is appropriate for the surrounding fire. Use water spray to cool intact, fire-exposed containers (one ton tanks and cylinders will release chlorine when a fusible metal safety plug melts at 158-165F.) If possible, have specially trained personnel remove intact cylinders from fire area.

Chlorine will support the burning of most combustible materials, just as oxygen does. Flammable gases and vapors can form explosive mixtures with chlorine.

Firefighters must use self-contained breathing equipment, eye protection, [illegible] protective clothing when fighting fires in which chlorine is involved.

SECTION V. REACTIVITY DATA

Chlorine is stable in steel containers at room temperature when dry. [Intense local heat (above 215°C) on steel walls can cause steel to ignite in chlorine.]

It is a powerful oxidizing agent which reacts violently with reducing agents and combustible materials. Materials such as acetylene, turpentine, other hydrocarbons, ammonia, hydrogen, ether, powdered metals, etc. must be kept away from chlorine.

It reacts with H_2S and H_2O forming HCl; it combines with CO and SO_2 to form phosgene and sulfuryl chloride (toxic and corrosive materials).

Wet chlorine (150 ppm water) corrosively attacks most common metals. Handling chlorine requires special materials technology.

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SECTION VI. HEALTH HAZARD INFORMATION

TLV 1 ppm or 3 mg/m^3 (C)

Chlorine believed to damage the body by local corrosive effects only; no systemic effects. 5-8 ppm in air will be severely irritating to eyes, nose, and respiratory tract of most individuals in a few minutes (10 ppm intolerable for avg. person). Higher level exposures produce coughing, dyspnea, burns of the skin, conjunctivitis, pulmonary edema (may be delayed) and death, depending on concentration and time of exposure (35-51 ppm, lethal in an hour; a few deep breaths fatal at 1000 ppm). Reduced respiratory capacity (especially among smokers) and dental erosion can result from chronic low level exposure. Any contact with liquid chlorine causes burns, blistering and tissue destruction.

FIRST AID: Call physician IMMEDIATELY for any person overexposed to chlorine!

Eye Contact: Flush eyes with water for at least 15 minutes, holding eyelids open. If medical help is not readily available, continue flushing with water.

Skin Contact: (Treat for inhalation exposure first!) Remove contaminated clothing under a safety shower. Wash exposed skin areas thoroughly with water.

Inhalation: Remove to fresh air. Restore breathing when required. Have trained person administer oxygen until victim breathes easily on his own. Keep warm and at rest! In mild cases, give milk to relieve throat irritation.

SECTION VII. SPILL, LEAK, AND DISPOSAL PROCEDURES

Establish written emergency plans and special training of personnel where chlorine is used.

Notify safety personnel. Provide ventilation. Exclude from area all except specially trained, assigned personnel with approved self-contained breathing equipment and appropriate protective clothing. Find and stop leak. (Large uncontrollable leaks require environmental consideration and possible evacuation of surrounding area.) Move leaking container to isolated area. Position to release gas not liquid. When possible draw off chlorine to process or to disposal system.

DISPOSAL: Bubble through a large volume of 15% aqueous NaOH or other alkali. Suitably dispose of resulting solution. Follow Federal, State and local regulations.

SECTION VIII. SPECIAL PROTECTION INFORMATION

Provide general and local exhaust ventilation to meet TLV requirements. Provide suitable venting for low lying areas. Use enclosed, isolated processing and handling whenever possible. Full face-piece respirators must be available for non-routine and emergency use: canister gas mask below 5000 ppm in air and self-contained breathing equipment for other conditions.

Workers should be provided with chemical safety goggles and impervious gloves. Full protective clothing must be used when needed to prevent exposure to chlorine, liquid or gas. Daily change of work clothes and showering after work shift are recommended. Eyewash stations and chemical safety showers must be available in areas of handling and storage of chlorine.

SECTION IX. SPECIAL PRECAUTIONS AND COMMENTS

Store chlorine containers in well-ventilated areas of low fire potential, away from incompatible materials (see Sec. V) and away from sources of heat and ignition. Protect containers from weather and physical damage; follow standard safety procedures for containers of compressed, corrosive gases. Provide special training to workers handling chlorine. Regularly inspect (and test) piping and containment used for chlorine service. Liquid levels should be less than 85% of tank or cylinder capacity.

Use preplacement and periodic medical exams; preclude from workplace exposure to chlorine those with cardiac, pulmonary or chronic respiratory problems.

Special Ref: "Chlorine and Hydrogen Chloride", Chapter 5, National Academy of Science, Washington, DC (1976).

DATA SOURCE(S) CODE: 2-12, 17, 19, 24, 26

APPROVALS: MIS, CRD J. M. Nielsen

Industrial Hygiene and Safety

MEDICAL REVIEW: 12/79

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ATTACHMENT S

GROUND WATER WELLS AND INFORMATION

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Banks Information Solutions, Inc.

Water Well Report™

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CLIENT

Central and Southwest Services
1616 Woodall Rodgers Freeway
Dallas, TX 75202

SITE

Welsh Power Plant
FM 1735-Storeroom 65
Pittsburgh, TX 75686
123099-006

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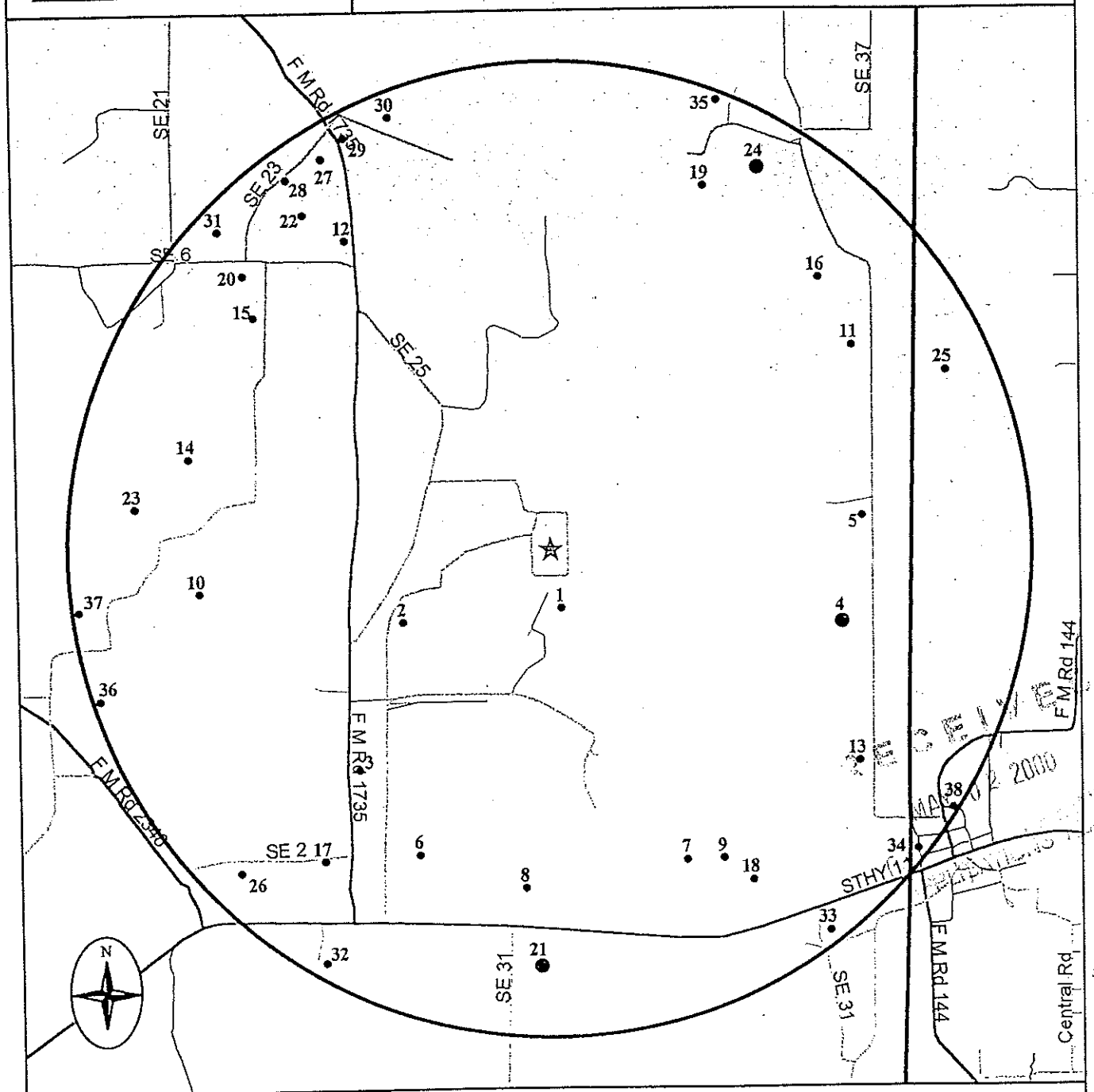
Water Well Report™

Map of Wells within One and Three-Quarters Miles



Subject Site
Ground Water Wells (Cluster)
Ground Water Well
Airport
Hospital
Highway
Primary road
Secondary and connecting road
Local road
Access road
Water body
Park
State

0 0.5 1 Miles

Banks Information Solutions, Inc.
P.O. Box 12851, Capitol Station Austin, Texas 78711
1701 Nueces Austin, Texas 78701
512-478-0059 FAX 512-478-1433 E Mail: BANKS@BANKSINFO.COM

December 30, 1999

Banks Information Solutions, Inc.

Water Well Report™

DETAILS

		MAP ID
State ID	S2250015B	1
Banks ID	4844900030	
Owner Of Well	N/A	
Type Of Well	Surface Water Intake	
Depth Drilled	N/A '	
Completion Date	N/A	
Longitude	-94.839167	
Latitude	33.051111	

		MAP ID
State ID	16-58-4A	2
Banks ID	4844900531	
Owner Of Well	Southwestern Electric Co.	
Type Of Well	Industrial	
Depth Drilled	550 '	
Completion Date	1/21/74	
Longitude	-94.849064	
Latitude	33.050449	

		MAP ID
State ID	16-58-4	3
Banks ID	4844900526	
Owner Of Well	D.V. Murphy	
Type Of Well	Domestic	
Depth Drilled	440 '	
Completion Date	3/27/95	
Longitude	-94.851912	
Latitude	33.042795	

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DETAILS

		MAP ID
State ID	16-58-503	4
Banks ID	4844900327	
Owner Of Well	S. M. Ryan Sr.	
Type Of Well	Domestic	
Depth Drilled	38 '	
Completion Date	N/A	
Longitude	-94.820556	
Latitude	33.049444	

		MAP ID
State ID	16-58-5B	4
Banks ID	4844900542	
Owner Of Well	E.C. Rhea	
Type Of Well	Domestic	
Depth Drilled	25 '	
Completion Date	1/15/72	
Longitude	-94.821651	
Latitude	33.050271	

		MAP ID
State ID	16-58-502	5
Banks ID	4844900326	
Owner Of Well	N/A	
Type Of Well	Unused	
Depth Drilled	15 '	
Completion Date	N/A	
Longitude	-94.820278	
Latitude	33.055833	

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DETAILS

		MAP ID
State ID	16-58-7D	6
Banks ID	4844900553	
Owner Of Well	Cleo Clowers	
Type Of Well	Domestic	
Depth Drilled	34 '	
Completion Date	5/16/78	
Longitude	-94.848174	
Latitude	33.038345	

		MAP ID
State ID	16-58-8Q	7
Banks ID	4844900554	
Owner Of Well	Billy Wells	
Type Of Well	Domestic	
Depth Drilled	35 '	
Completion Date	7/31/84	
Longitude	-94.831441	
Latitude	33.037989	

		MAP ID
State ID	16-58-7B	8
Banks ID	4844900550	
Owner Of Well	Maxwell Herring Dr. Co.	
Type Of Well	Industrial	
Depth Drilled	403 '	
Completion Date	7/2/69	
Longitude	-94.841587	
Latitude	33.036564	

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DETAILS

		MAP ID
State ID	16-58-811	9
Banks ID	4844900503	
Owner Of Well	Bi-County WSC	
Type Of Well	Public Supply	
Depth Drilled	736 '	
Completion Date	2/15/92	
Longitude	-94.829167	
Latitude	33.038056	

		MAP ID
State ID	16-58-4	10
Banks ID	4844900525	
Owner Of Well	Terry McDowell	
Type Of Well	Domestic	
Depth Drilled	440 '	
Completion Date	12/30/95	
Longitude	-94.86188	
Latitude	33.052051	

		MAP ID
State ID	16-58-501	11
Banks ID	4844900325	
Owner Of Well	C. Moursund	
Type Of Well	Domestic	
Depth Drilled	26 '	
Completion Date	1/1/47	
Longitude	-94.820833	
Latitude	33.064722	

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DETAILS

		MAP ID
State ID	16-58-4G	12
Banks ID	4844900535	
Owner Of Well	James Ackwurs	
Type Of Well	Domestic	
Depth Drilled	400 '	
Completion Date	9/27/80	
Longitude	-94.852446	
Latitude	33.070386	

		MAP ID
State ID	16-58-504	13
Banks ID	4844900328	
Owner Of Well	S. M. Ryan Jr.	
Type Of Well	Domestic	
Depth Drilled	20 '	
Completion Date	N/A	
Longitude	-94.820556	
Latitude	33.043056	

		MAP ID
State ID	16-58-4	14
Banks ID	4844900519	
Owner Of Well	Lonny Shultize	
Type Of Well	Stock	
Depth Drilled	460 '	
Completion Date	11/3/90	
Longitude	-94.862437	
Latitude	33.059078	

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DETAILS

		MAP ID
State ID	16-58-4	15
Banks ID	4844900518	
Owner Of Well	R.C. Fogle	
Type Of Well	Domestic	
Depth Drilled	420 '	
Completion Date	8/4/89	
Longitude	-94.858275	
Latitude	33.066412	

		MAP ID
State ID	16-58-5	16
Banks ID	4844900541	
Owner Of Well	Snow Hill Red Brongus Farm	
Type Of Well	Stock	
Depth Drilled	500 '	
Completion Date	12/21/95	
Longitude	-94.822897	
Latitude	33.06825	

		MAP ID
State ID	G0320002U	17
Banks ID	4844900017	
Owner Of Well	BI-COUNTY WATER SUPPLY CORP	
Type Of Well	Public Supply	
Depth Drilled	736 '	
Completion Date	2/6/92	
Longitude	-94.854167	
Latitude	33.038056	

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DETAILS

		MAP ID
State ID	16-58-8C	18
Banks ID	4844900557	
Owner Of Well	Fred Robinson	
Type Of Well	Domestic	
Depth Drilled	463 '	
Completion Date	9/14/71	
Longitude	-94.827347	
Latitude	33.03692	

		MAP ID
State ID	16-58-5J	19
Banks ID	4844900545	
Owner Of Well	W.E. Searey	
Type Of Well	Domestic	
Depth Drilled	460 '	
Completion Date	7/15/81	
Longitude	-94.830017	
Latitude	33.073056	

		MAP ID
State ID	16-58-403	20
Banks ID	4844900324	
Owner Of Well	T. P. Parker	
Type Of Well	Domestic	
Depth Drilled	13 '	
Completion Date	1/1/62	
Longitude	-94.858889	
Latitude	33.068611	

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Water Well Report™

DETAILS

		MAP ID
State ID	16-58-7G	21
Banks ID	4844900546	
Owner Of Well	O.W. Doddy	
Type Of Well	Domestic	
Depth Drilled	20 '	
Completion Date	3/8/84	
Longitude	-94.840697	
Latitude	33.03247	

		MAP ID
State ID	16-58-7	21
Banks ID	4844900547	
Owner Of Well	New Zoin Church of God	
Type Of Well	Domestic	
Depth Drilled	45 '	
Completion Date	10/11/89	
Longitude	-94.839451	
Latitude	33.032648	

		MAP ID
State ID	16-58-4	22
Banks ID	4844900517	
Owner Of Well	Don Rheo	
Type Of Well	Domestic	
Depth Drilled	450 '	
Completion Date	5/12/86	
Longitude	-94.855104	
Latitude	33.071764	

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DETAILS

		MAP ID
State ID	16-58-4F	23
Banks ID	4844900523	
Owner Of Well	Dean Newman	
Type Of Well	Domestic	
Depth Drilled	480 '	
Completion Date	8/29/79	
Longitude	-94.865796	
Latitude	33.056501	

		MAP ID
State ID	16-58-5E	24
Banks ID	4844900543	
Owner Of Well	Dale Fransis	
Type Of Well	Domestic	
Depth Drilled	70 '	
Completion Date	6/6/85	
Longitude	-94.826635	
Latitude	33.073946	

		MAP ID
State ID	16-58-5E	24
Banks ID	4844900544	
Owner Of Well	Margret Hughes	
Type Of Well	Domestic	
Depth Drilled	440 '	
Completion Date	7/28/77	
Longitude	-94.826457	
Latitude	33.074302	

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DETAILS

		MAP ID
State ID	16-58-5A	25
Banks ID	4834300173	
Owner Of Well	Charley Kesner	
Type Of Well	Domestic	
Depth Drilled	29 '	
Completion Date	4/28/70	
Longitude	-94.814963	
Latitude	33.063379	

		MAP ID
State ID	16-58-703	26
Banks ID	4844900331	
Owner Of Well	I. Bicknell	
Type Of Well	Domestic	
Depth Drilled	33 '	
Completion Date	N/A	
Longitude	-94.859444	
Latitude	33.0375	

		MAP ID
State ID	16-58-4	27
Banks ID	4844900527	
Owner Of Well	J.T. Rust	
Type Of Well	Domestic	
Depth Drilled	480 '	
Completion Date	4/30/96	
Longitude	-94.85387	
Latitude	33.074658	

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Water Well Report™

DETAILS

		MAP ID
State ID	16-58-402	28
Banks ID	4844900323	
Owner Of Well	Hickory Hill Church	
Type Of Well	Institution	
Depth Drilled	N/A '	
Completion Date	N/A	
Longitude	-94.856111	
Latitude	33.073611	

		MAP ID
State ID	16-58-4K	29
Banks ID	4844900537	
Owner Of Well	Herman Olds	
Type Of Well	Domestic	
Depth Drilled	50 '	
Completion Date	6/21/84	
Longitude	-94.852446	
Latitude	33.075726	

		MAP ID
State ID	16-58-4E	30
Banks ID	4844900524	
Owner Of Well	Florence Kelley	
Type Of Well	N/A	
Depth Drilled	460 '	
Completion Date	5/15/79	
Longitude	-94.849598	
Latitude	33.076794	

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DETAILS

		MAP ID
State ID	16-58-4C	31
Banks ID	4844900533	
Owner Of Well	Fred White	
Type Of Well	Domestic	
Depth Drilled	440 '	
Completion Date	7/23/77	
Longitude	-94.860456	
Latitude	33.07092	

		MAP ID
State ID	16-58-704	32
Banks ID	4844900332	
Owner Of Well	E. Y. Ekstrom	
Type Of Well	Domestic	
Depth Drilled	500 '	
Completion Date	1/1/56	
Longitude	-94.854167	
Latitude	33.032778	

		MAP ID
State ID	16-58-8R	33
Banks ID	4844900560	
Owner Of Well	Henry Peters	
Type Of Well	Domestic	
Depth Drilled	36 '	
Completion Date	8/2/84	
Longitude	-94.822541	
Latitude	33.03425	

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DETAILS

		MAP ID
State ID	16-58-8K	34
Banks ID	4834300186	
Owner Of Well	Billy Wells	
Type Of Well	Domestic	
Depth Drilled	16 '	
Completion Date	3/23/82	
Longitude	-94.816965	
Latitude	33.038442	

		MAP ID
State ID	16-58-5	35
Banks ID	4844900540	
Owner Of Well	Bill Sigler	
Type Of Well	Domestic	
Depth Drilled	465 '	
Completion Date	2/20/88	
Longitude	-94.829127	
Latitude	33.077506	

		MAP ID
State ID	16-58-4J	36
Banks ID	4844900521	
Owner Of Well	Roy Pepper	
Type Of Well	Domestic	
Depth Drilled	420 '	
Completion Date	12/8/83	
Longitude	-94.868111	
Latitude	33.046533	

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DETAILS

		MAP ID
State ID	16-58-4D	37
Banks ID	4844900534	
Owner Of Well	K.W. McNutt	
Type Of Well	Domestic	
Depth Drilled	440 '	
Completion Date	7/9/84	
Longitude	-94.869357	
Latitude	33.051161	

		MAP ID
State ID	16-58-810	38
Banks ID	4834300161	
Owner Of Well	Bi-County WSC	
Type Of Well	Public Supply	
Depth Drilled	765	
Completion Date	4/1/76	
Longitude	-94.814722	
Latitude	33.040556	

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1

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2

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WATER PERMITS
APPLICATIONS TEAM

Send original copy by certified mail to the Texas Water Development Board
P. O. Box 13087
Austin, Texas 78711

State of Texas

WATER WELL REPORT

For TWDB use only
Well No. 16-58-
Located on map
Received: 747

1) OWNER:
Person having well drilled SOUTHWESTER ELECTRIC CO (Name) Address P.O. BOX 1106 SHREVEPORT, LA. (Street or RFD) (City) (State)

Landowner SAME (Name) Address SAME (Street or RFD) (City) (State)

2) LOCATION OF WELL: TITUS
County ~~[illegible]~~, 3 miles in W direction from CASON TEX. (N.E., S.W., etc.) (Town)

Locate by sketch map showing landmarks, roads, creeks, hiway number, etc.*

North

(Use reverse side if necessary)

or

Give legal location with distances and directions from adjacent sections or survey lines.

Labor _____ League _____

Block _____ Survey _____

Abstract No. _____

(NW¼ NE¼ SW¼ SE¼) of Section _____

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

4) PROPOSED USE (Check):
Domestic Industrial X Municipal
Irrigation Test Well Other

5) TYPE OF WELL (Check):
Rotary X Driven Dug
Cable Jetted Bored

6) WELL LOG:
Diameter of hole 6 1/4 in. Depth drilled 550 ft. Depth of completed well 550 ft. Date drilled 1-21-74

All measurements made from 0 ft. above ground level.

From (ft.)	To (ft.)	Description and color of formation material
0	100	SHALE
100	150	SAND AND SHALE
150	300	SHALE
300	350	SAND
350	480	SHALE AND ROCK
480	530	SAND
530	550	SHALE

(Use reverse side if necessary)

9) Casing:
Type: Old New X Steel X Plastic Other
Cemented from 504 ft. to 194 ft

Diameter (inches)	Setting From (ft.)	Setting To (ft.)	Gage
4	0	504	46

10) SCREEN:
Type STAINLESS STEEL
Perforated Slotted X

Diameter (inches)	Setting From (ft.)	Setting To (ft.)	Slot Size
2"	515	535	16

7) COMPLETION (Check):
Straight wall Gravel packed X Other
Under reamed Open Hole

8) WATER LEVEL:
Static level 67 ft. below land surface Date 1-21-74
Artesian pressure _____ lbs. per square inch Date _____
Depth to pump bowls, cylinder, jet, etc., 147 ft. below land surface.

A 12" UNDERREAM FROM 504 FT. TO 540 FT.

11) WELL TESTS:
Was a pump test made? Yes No If yes, by whom? BUSTER DUNN
Yield: 60 gpm with 87 ft. drawdown after 2 hrs
Bailer test _____ gpm with _____ ft. drawdown after _____ hrs
Artesian flow _____ gpm
Temperature of water _____

12) WATER QUALITY:
Was a chemical analysis made? Yes No
Did any strata contain undesirable water? Yes No
Type of water? _____ depth of strata _____

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.

NAME BUSTER DUNN (Type or Print) Water Well Drillers Registration No. 336

ADDRESS RT-3 BOX 43 A (Street or RFD) ATLANTA (City) TEXAS (State)

(Signed) Buster Dunn (Water Well Driller) BUSTER DUNN WATER WELLS (Company Name)

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

*Additional instructions on reverse side.

TWDBE-WO-8

4844900531

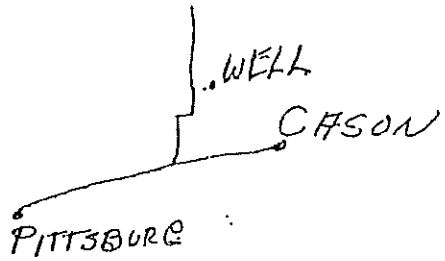
2) LOCATION OF WELL:

The sketch showing the well location must be as accurate as possible, showing landmarks, in sufficient detail so that the well may be plotted on a General Highway Map of the county in which the well is located.

Reference points from which distances are measured and directions given should be of a permanent nature (e.g. highway intersections, center of towns, river and creek bridges, railroad crossings). The distance and direction from the nearest town should always be indicated.

When giving a legal description include a sketch showing location of the well within the described area, e.g. survey abstract.

Information furnished in Section 2) of the TWDBE-GW-53 is very important. Unless the well can be accurately located on a map the value of the other data contained in the Report is greatly reduced.



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MAP ID
3

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Please use black ink.

ATTENTION OWNER: *Confidentiality Privilege Notice on Reverse Side*

State of Texas WELL REPORT

Texas Water Well Drillers Advisory Council
P.O. Box 13087
Austin, TX 78711-3087
512-239-0530

1) OWNER D.V. Murphy (Name) ADDRESS Box 432 (Street or RFD) Pittsburg (City), Tex. (State) 75686 (Zip)

2) ADDRESS OF WELL: County Titus Box 432 (Street or RFD) Pittsburg (City) Tx. (State) 75686 (Zip) GRID # 16-58-4

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

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

5) N

6) WELL LOG:
Date Drilling:
Started 3-20 19 95
Completed 3-27 19 95

DIAMETER OF HOLE

Dia. (in.)	From (ft.)	To (ft.)
6 3/4	Surface	440

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

From (ft.)	To (ft.)	Description and color of formation material
0-10		Sand + Clay
10-18		Sand
18-68		Clay + streaks lignite
68-70		Lignite
70-117		Sand + streaks lignite
117-120		Lignite
120-191		Sandy shale + streaks lignite
191-220		Sand
220-341		Sandy shale + streaks lignite
341-397		Sand + streaks lignite
397-440		streaks Sand + shale lignite

(Use reverse side if necessary)

8) Borehole Completion (Check): [ ] Open Hole [ ] Straight Wall [ ] Underreamed [ ] Gravel Packed [x] Other Straight Wall
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.) From	Setting (ft.) To	Gage Casting Screen
4	N	Plastic	0	360	
2	N	Galvanized (Sand)	356	440	.025

9) CEMENTING DATA [Rule 338.44(1)]
Cemented from 0 ft. to 360 ft. No. of sacks used 24
_____ ft. to _____ ft. No. of sacks used _____
Method used Pressure Cemented
Cemented by Pepper Water Well Drlg. Co
Distance to septic system field lines None Existing
Method of verification of above distance Told Owner to from septic tank

10) SURFACE COMPLETION
[ ] Specified Surface Slab Installed [Rule 338.44(2)(A)]
[x] Specified Steel Sleeve Installed [Rule 338.44(3)(A)]
[ ] Pitless Adapter Used [Rule 338.44(3)(b)]
[ ] Approved Alternative Procedure Used [Rule 338.71]

11) WATER LEVEL:
Static level 130 ft. below land surface Date 3-26-95
Artesian flow _____ gpm. Date _____

12) PACKERS:

Type	Depth
Neoprene	356

13) TYPE PUMP: [ ] Turbine [ ] Jet [x] Submersible [ ] Cylinder [ ] Other
Depth to pump bowls, cylinder, jet, etc., 210 ft.

14) WELL TESTS:
Type test: [ ] Pump [ ] Bailer [x] Jetted [ ] Estimated
Yield: 20 gpm with _____ ft. drawdown after _____ hrs.

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

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MAY 02 2000

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 resubmittal.

COMPANY NAME Pepper Water Well Drlg. Co. (Type or print) WELL DRILLER'S LICENSE NO. 1833 WPKT

ADDRESS Rt 3 Box 180 (Street or RFD) Mt. Pleasant (City) Texas (State) 75455 (Zip)

(Signed) [signature] (Licensed Well Driller) (Signed) _____ (Registered Driller Trainee)

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

TNRCC-0199 (Rev. 09-01-93) TNRCC COPY 4844900526

MAP ID

4

9-185—July 193
Revised

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
WATER RESOURCES BRANCH

WELL SCHEDULE

Date [illegible] 29, 19 63 Field No. 270

Record by [illegible] Office No. 1658503

Source of data [illegible]

1. *Location:* State [illegible] County [illegible]
   Map [illegible]
   [illegible] ¼ ¼ sec. [illegible] T [illegible] N/S R [illegible] E/W
2. *Owner:* [illegible] Address [illegible]
   Tenant [illegible] Address [illegible]
   Driller [illegible] Address [illegible]
3. *Topography* [illegible]
4. *Elevation* [illegible] ft. above/below [illegible]
5. *Type:* Dug, drilled, driven, bored, jetted [illegible] 19[illegible]
6. *Depth:* Rept. 40 ft. Meas. [illegible] ft.
7. *Casing:* Diam. 30 in., to [illegible] in., Type [illegible]
   Depth [illegible] ft., Finish [illegible]
8. *Chief Aquifer* [illegible] From [illegible] ft. to [illegible] ft.
   Others [illegible]
9. *Water Level* 15.8 ft. rept./meas. 1-29 19 63 above/below [illegible]
   Top of Casing which is 1.95 ft. above/below surface
10. *Pump:* Type [illegible] Capacity [illegible] G. M. [illegible]
    Power: Kind [illegible] Horsepower [illegible]
11. *Yield:* Flow [illegible] G. M., Pump [illegible] G. M., Meas., Rept. Est. [illegible]
    Drawdown [illegible] ft. after [illegible] hours pumping [illegible] G. M.
12. *Use:* Dom., Stock, PS., RR., Ind., Irr., Obs. [illegible]
    Adequacy, permanence [illegible]
13. *Quality* [illegible] Temp [illegible] °F.
    Taste, odor, color [illegible] Sample Yes/No [illegible]
    Unfit for [illegible]
14. *Remarks:* (Log, Analyses, etc.) [illegible]

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MAP ID

4

See Attached Documents

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State of Texas

WATER WELL REPORT

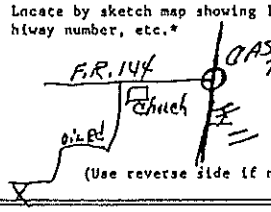
For TWDB use only
Well No. 16 58 5
Located on map
Received:

1) OWNER:
Person having well drilled E. C. Rhea (Name) Address P.O. Box 264 (Street or RFD) CASON (City) TEXAS (State)

Landowner SAME (Name) Address (Street or RFD) (City) (State)

2) LOCATION OF WELL:
County Titus, 1 miles in N (N.E., S.W., etc.) direction from CASON, TEXAS (Town)

Locate by sketch map showing landmarks, roads, creeks, hiway number, etc.*



(Use reverse side if necessary)

or Give legal location with distances and directions from adjacent sections or survey lines.

Labor _____ League _____

Block _____ Survey _____

Abstract No. _____

(NW¼ NE¼ SW¼ SE¼) of Section _____

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

4) PROPOSED USE (Check): Domestic, Industrial, Municipal, Irrigation, Test Well, Other

5) TYPE OF WELL (Check): Rotary, Driven, Dug, Cable, Jetted, Bored

6) WELL LOG:
Diameter of hole 38 in. Depth drilled 25 ft. Depth of completed well 25 ft. Date drilled 1-15-7

All measurements made from Ground ft. above ground level.

From (ft.)	To (ft.)	Description and color of formation material
0	2'	Top soil
2'	15'	Clay
15'	25'	Blue Shale

(Use reverse side if necessary)

9) Casing:
Type: Old, New, Steel, Plastic, Other
Cemented from 0 ft. to 25 ft.

Diameter (inches)	Setting From (ft.)	Setting To (ft.)	Gage

10) SCREEN:
Type
Perforated, Slotted

Diameter (inches)	Setting From (ft.)	Setting To (ft.)	Slot Size

7) COMPLETION (Check): Straight wall, Gravel packed, Other, Under reamed, Open Hole

8) WATER LEVEL:
Static level _____ ft. below land surface Date _____
Artesian pressure _____ lbs. per square inch Date _____
Depth to pump bowls, cylinder, jet, etc., _____ ft. below land surface.

11) WELL TESTS:
Was a pump test made? Yes No If yes, by whom?
Yield: _____ gpm with _____ ft. drawdown after _____ hrs.
Bailer test _____ gpm with _____ ft. drawdown after _____ hrs.
Artesian flow _____ gpm
Temperature of water _____

12) WATER QUALITY:
Was a chemical analysis made? Yes No
Did any strata contain undesirable water? Yes No
Type of water? _____ depth of strata _____

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.

NAME CARR Denman JR. (Type or Print) Water Well Drillers Registration No. 1384

ADDRESS P.O. Box 187 (Street or RFD) MT. PLEASANT (City) TEX (State) 75455

(Signed) Carr M. Denman Jr (Water Well Driller) Denman Drilling Co. (Company Name)

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

*Additional instructions on reverse side.

TWDBE-GW-53

4844900542

MAP ID

5

9-185—July 193
Revised

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
WATER RESOURCES BRANCH

WELL SCHEDULE

Date [illegible], 19[illegible] Field No. 371

Record by [illegible] Office No. 458502

Source of data [illegible]

1. *Location:* State [illegible] County [illegible]
   Map [illegible]
   ___ ¼ ___ ¼ sec. ___ T ___ N/S R ___ E/W
2. *Owner:* [illegible] Address ___
   Tenant ___ Address ___
   Driller ___ Address ___
3. *Topography* [illegible]
4. *Elevation* ___ ft. above/below ___
5. *Type:* Dug, drilled, driven, bored, jetted ___ 19[illegible]
6. *Depth:* Rept. ___ ft. Meas. 17.[illegible] ft.
7. *Casing:* Diam. 30 in., to ___ in., Type [illegible]
   Depth ___ ft., Finish ___
8. *Chief Aquifer* ___ From ___ ft. to ___ ft.
   Others ___
9. *Water level* 5.[illegible] ft. rept./meas. 4-29 19[illegible] above/below [illegible]
   [illegible] which is 2.7 ft. above/below surface
10. *Pump:* Type None Capacity ___ G. M. ___
    Power: Kind ___ Horsepower ___
11. *Yield:* Flow ___ G. M., Pump ___ G. M., Meas., Rept. Est. ___
    Drawdown ___ ft. after ___ hours pumping ___ G. M.
12. *Use:* Dom., Stock, PS., RR., Ind., Irr., Obs. None
    Adequacy, permanence ___
13. *Quality* ___ Temp ___ °F.
    Taste, odor, color ___ Sample Yes/No ___
    Unfit for ___
14. *Remarks:* (Log, Analyses, etc.) [illegible]

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[illegible]

MAP ID

6

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State of Texas

WATER WELL REPORT

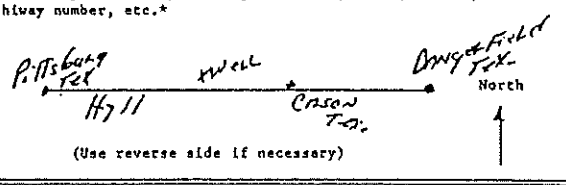
For TWDB use only
Well No. 16-58-
Located on map
Received: 5-1-
dr

1) OWNER:
Person having well drilled Chas Clowers (Name) Address (Street or RFD) Cason Tex (City) (State)

Landowner Same (Name) Address (Street or RFD) (City) (State)

2) LOCATION OF WELL:
County Titus, 2 miles in N (N.E., S.W., etc.) direction from Cason Texas (Town)

Locate by sketch map showing landmarks, roads, creeks, hiway number, etc.*



(Use reverse side if necessary)

or

Give legal location with distances and directions from adjacent sections or survey lines.

Labor _____ League _____

Block _____ Survey _____

Abstract No. _____

(NW¼ NE¼ SW¼ SE¼) of Section _____

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

4) PROPOSED USE (Check): Domestic, Industrial, Municipal, Irrigation, Test Well, Other

5) TYPE OF WELL (Check): Rotary, Driven, Dug, Cable, Jetted, Bored

6) WELL LOG:
Diameter of hole 38 in. Depth drilled 34 ft. Depth of completed well 34 ft. Date drilled 5-11-7
All measurements made from even ft. above ground level.

From (ft.)	To (ft.)	Description and color of formation material
0	17	Dandy Clay
17	34	Sand

(Use reverse side if necessary)

9) Casing:
Type: Old New Steel Plastic Other
Cemented from _____ ft. to _____ f

Diameter (inches)	Setting From (ft.)	Setting To (ft.)	Gage

10) SCREEN:
Type _____
Perforated Slotted

Diameter (inches)	Setting From (ft.)	Setting To (ft.)	Slot Size

7) COMPLETION (Check): Straight wall, Gravel packed, Other, Under reamed, Open Hole

8) WATER LEVEL:
Static level _____ ft. below land surface Date _____
Artesian pressure _____ lbs. per square inch Date _____
Depth to pump bowls, cylinder, jet, etc., _____ ft. below land surface.

11) WELL TESTS:
Was a pump test made? Yes No If yes, by whom?
Yield: _____ gpm with _____ ft. drawdown after _____ hr
Bailer test _____ gpm with _____ ft. drawdown after _____ hr
Artesian flow _____ gpm
Temperature of water _____

12) WATER QUALITY:
Was a chemical analysis made? Yes No
Did any strata contain undesirable water? Yes No
Type of water? _____ depth of strata _____

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.

NAME CARR M. DENMAN JR (Type or Print) Water Well Drillers Registration No. 1384

ADDRESS P.O. Box 747 (Street or RFD) MT. PLEASANT (City) TEXAS (State)

(Signed) Carr Denman Jr (Water Well Driller) DENMAN DRILLING CO., IN (Company Name)

MAY 02 2000

WASTEWATER APPLICATIONS TEAM

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

*Additional instructions on reverse side.

TWDBE-WO-4

484490055 3

MAP ID

7

See Attached Documents

RECEIVED
MAY 02 2000
APPLICANT PERMITS
LICATIONS TEAM

Please use black
Send original copy, certified mail to the Texas Department of Water Resources P. O. Box 13087 Austin, Texas 78711

State of Te.

WATER WELL REPORT

ATTENTION OWNER: *Confidentiality Privilege Notice on Reverse Side*

Texas Water Well Drillers Board P. O. Box 13087 Austin, Texas 78711

1) OWNER Billy Wells (Name) Address (Street or RFD) CASON (City) Tx (State) 7563 (Zip)

2) LOCATION OF WELL: County Titus 11½ miles in SE (N.E., S.W., etc.) direction from Mt Pleasant (Town)

Driller must complete the legal description to the right with distance and direction from two intersecting section or survey lines, or he must locate and identify the well on an official Quarter- or Half-Scale Texas County General Highway Map and attach the map to this form.

☐ Legal description:
Section No. _____ Block No. _____ Township _____
Abstract No. _____ Survey Name _____
Distance and direction from two intersecting section or survey lines _____
☒ See attached map.

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

4) PROPOSED USE (Check): ☒ Domestic ☐ Industrial ☐ Public Supply ☐ Irrigation ☐ Test Well ☐ Other _____

5) DRILLING METHOD (Check): ☐ Mud Rotary ☐ Air Hammer ☐ Driven ☒ Bored ☐ Air Rotary ☐ Cable Tool ☐ Jetted ☐ Other _____

6) WELL LOG:

Date drilled 7-31-84

DIAMETER OF HOLE

Dia. (in.)	From (ft.)	To (ft.)
	Surface	

7) BOREHOLE COMPLETION: ☐ Open Hole ☐ Straight Wall ☐ Underreamed ☒ Gravel Packed ☐ Other _____
If Gravel Packed give interval . . . from 35 ft. to 10 ft

From (ft.)	To (ft.)	Description and color of formation material
0	2	Sand
2	17	Clay
17	20	Sand
20	27	Clay
27	35	Sand & clay

8) CASING, BLANK PIPE, AND WELL SCREEN DATA:

Dia. (in.)	New or Used	Steel, Plastic, etc. Perf., Slotted, etc. Screen Mgf., if commercial	Setting (ft.) From	Setting (ft.) To	Gage Casin Scre
34	N	Cement Well Tile	+2	28	
34	N	Perf. Cement Well Tile	28	35	

9) CEMENTING DATA (Rule 319.44(b))
Cemented from 10 ft. to GL ft.
_____ ft. to _____ ft.
Method used HAND
Cemented by Clear Water Drlg. Inc.

10) SURFACE COMPLETION
☐ Specified Surface Slab Installed (Rule 319.44(c))
☐ Pitless Adapter Used (Rule 319.44(d))
☐ Approved Alternative Procedure Used (Rule 319.71)

11) WATER LEVEL:
Static level 28 ft. below land surface Date 7-31-84
Artesian flow _____ gpm. Date _____

12) PACKERS: Type Depth

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

14) WELL TESTS: Type Test: ☐ Pump ☐ Bailer ☐ Jetted ☐ Estimated
Yield: _____ gpm with _____ ft. drawdown after _____ hrs.

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SEP 28 1984
DEPT. OF WATER RESOURCES

(Use reverse side if necessary)

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

RECEIVED MAY 2000 APPLICATIONS

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 12 will result in the log(s) being returned for completion and resubmittal.

COMPANY NAME Clear Water Drlg Inc (Type or Print) Water Well Driller's License No. 2223

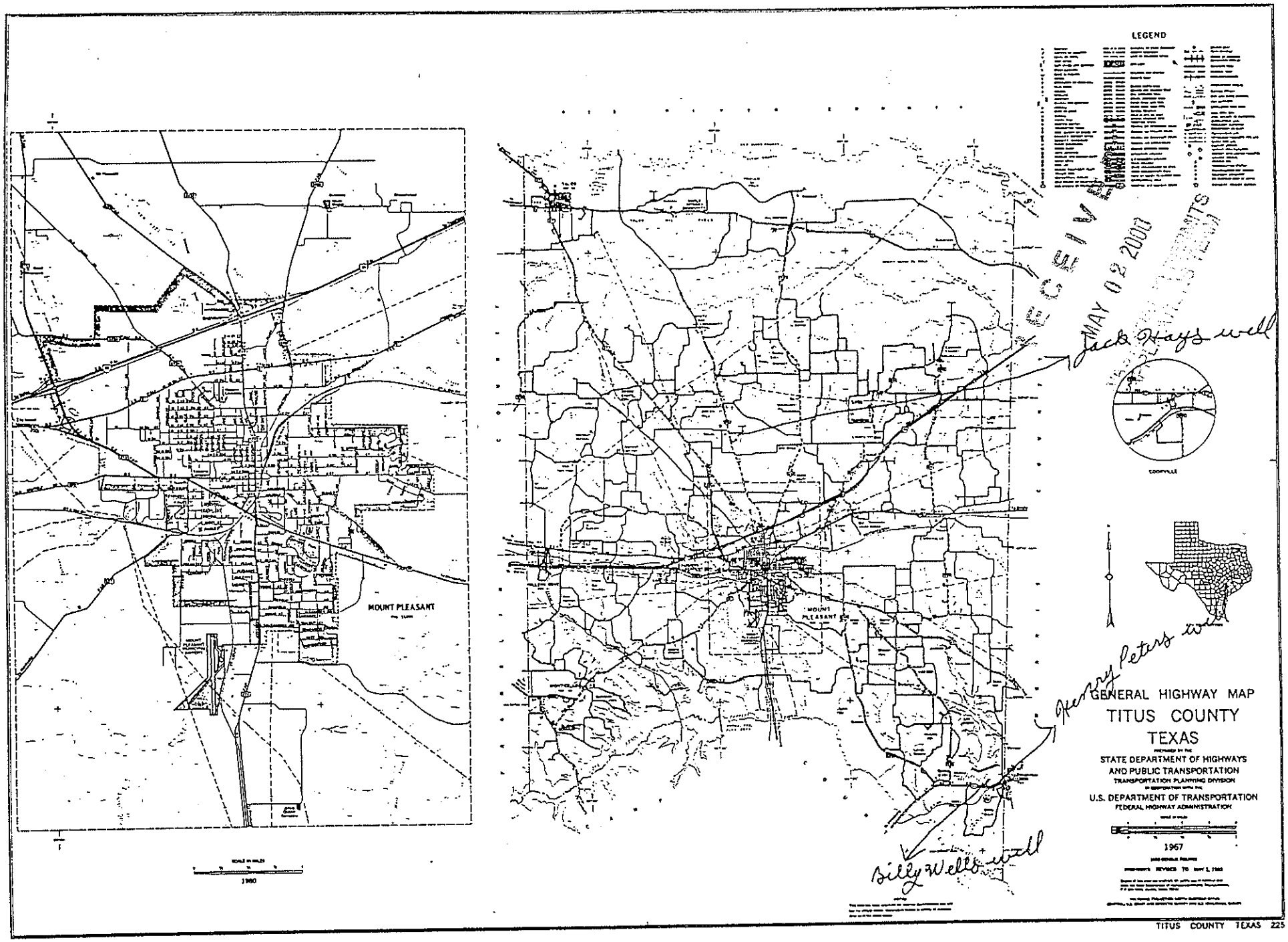
ADDRESS Rt 6 Box 86 (Street or RFD) Pittsburg (City) Tx (State) 75686 (Zip)

(Signed) L. J. Rogell (Licensed Water Well Driller) (Signed) _____ (Registered Driller Trainee)

For TDWR use only
Well No. 14-58-80
Located on map _____

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

TDWR-0392 (12/29/83) DEPARTMENT OF WATER RESOURCES COPY 4844900554


LEGEND
MOUNT PLEASANT
1960
MOUNT PLEASANT
Jack Hays well
Henry Peters well
Billy Wells well
GENERAL HIGHWAY MAP
TITUS COUNTY
TEXAS
STATE DEPARTMENT OF HIGHWAYS
AND PUBLIC TRANSPORTATION
TRANSPORTATION PLANNING DIVISION
U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION
1967
RECEIVED
MAY 02 2007

MAP ID

8

See Attached Documents

RECEIVED
MAY 02 2006
DIVISION OF PERMITS
DOCUMENTS TEAM

Send original copy by certified mail to the Texas Water Development Board P. O. Box 12386 Austin, Texas 78711

State of Texas

WATER WELL REPORT

For TWDB use only
Well No. 16-55-7
Located on map
Received:
Form GW 8
Form GW 9

1) OWNER:
Person having well drilled Maxwell Herring Dr. Co. (Name) Address Bpx 1297 (Street or RFD) Tyler, Texas (City) (State)

Landowner Irene Rusk (Name) Address not known (Street or RFD) (City) (State)

2) LOCATION OF WELL:
County Titus Labor League not known Abstract No.

NW¼ NE¼ SW¼ SE¼ of Section Block No. Survey
(Circle as many as are known)

7 miles in E (NE, SW, etc.) direction from Pittsburg (Town).

NORTH

Leave Pittsburg on HWY 11, go 7 seven miles.
well on left side.

Sketch map of well location with distances from adjacent section or survey lines, and to landmarks, roads, and creeks.

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

4) PROPOSED USE (Check):
Domestic ☐ Industrial # Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

5) TYPE OF WELL (Check):
Rotary # Driven ☐ Dug ☐
Cable ☐ Jetted ☐ Bored ☐

6) WELL LOG:
Diameter of hole 8 3/4 in. Depth drilled 403 ft. Depth of completed well 403 ft. Date drilled 7-2-69
All measurements made from 0 ft. above ground level.

From (ft.)	To (ft.)	Description and color of formation material	From (ft.)	To (ft.)	Description and color of formation material
0	30	surface			
30	45	broken sand			
45	260	gray shale			
260	300	broken sand			
300	393	sand			
393	403	shale			
					(Use reverse side if necessary)

7) COMPLETION (Check):
Straight wall ☐ Gravel packed # Other ☐
Under reamed ☐ Open hole ☐

8) WATER LEVEL:
Static level ____ ft. below land surface Date
Artesian pressure ____ lbs. per square inch Date

9) CASING:
Type: old # New ☐ Steel # Plastic ☐ Other ☐
Cemented from ____ ft. to ____ ft.

Diameter (inches)	Setting From (ft.)	Setting To (ft.)	Gage
# 4½	0	403	

10) SCREEN:
Type Perforated Pipe
Perforated ☐ Slotted ☐

Diameter (inches)	Setting From (ft.)	Setting To (ft.)	Slot size
4½	300	403	.20

11) WELL TESTS:
Was a pump test made? ☐ Yes # No If yes by whom?

Yield: ____ gpm with ____ ft. drawdown after ____ hrs
Bailer test ____ gpm with ____ ft. drawdown after ____ hrs
Artesian flow ____ gpm Date
Temperature of water
Was a chemical analysis made? ☐ Yes # No
Did any strata contain undesirable water? ☐ Yes # No
Type of water? ____ depth of strata

12) PUMP DATA:
Manufacturer's Name None Set

Type ____ H.P.
Designed pumping rate ____ gpm ☐ gph ☐
Type power unit Air Compressor
Depth to bowls, cylinder, jet, etc., 294 ft. below land surface.

RECEIVED

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.

NAME W. L. Rehkop (Type or Print) Water Well Drillers Registration No. 8

Address Box 566 (Street or RFD) Athens (City) Texas (State)

(Signed) W. L. Rehkop (Water Well Driller) W. L. Rehkop Drilling Co. (Company Name)

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

4844900550

MAP ID

9

TEXAS WATER DEVELOPMENT BOARD
WELL SCHEDULE

State Well Number - 16 58 811 Previous Well Number - County - Titus 449
River Basin - Cypress River - 04 Zone - 1 Latitude - 33 02 17 Longitude - 94 49 45 Source of Coords - 1

Owners Well No. J Location _____ 1/4, _____ 1/4, Section _____, Block _____, Survey _____

Owner - Bi-County WSC Driller - Powell Drilling Co.

Address _____ Tenant/Oper. _____
Date Drilled - 02/15/1992 Depth - 736 ft. Source of Depth - D Altitude - 305 ft. Source of Alt. - M
Aquifer - 124WLCX WILCOX GROUP Well Type - W User - 72750

WELL CONSTRUCTION
Const. Method - HYDRAULIC ROTARY
Completion - GRAVEL PACK W/SCREEN
Casing Material - STEEL
Screen Material - STAINLESS STEEL

LIFT DATA - Pump Mfr. _____ Type - SUBMERSIBLE PUMP No. Stages ____
Bowls Diam. - _____ in. Setting - _____ ft. Column Diam. - _____ in.
Motor Mfr. - _____ Fuel or Power - ELECTRIC MOTOR Horsepower -
YIELD Flow- _____ GPM Pump- _____ GPM Meas.,Rept.,Est- _____ Date- _____
PERFORMANCE TEST Date- _____ Length of Test- _____ Production- _____ GPM
Static Level- _____ft. Pumping Level- _____ft. Drawdown- _____ft. Sp.Cap.- _____GPM/ft
QUALITY (Remarks- _____
WATER USE Primary- PUBLIC SUPPLY Secondary- _____ Tertiary- _____
OTHER DATA AVAILAIBLE Water Levels- N Quality- N Logs- D Other Data-
WATER LEVELS Date- / / Measurement-
Date- / / Measurement-
Recorded By _____ Date Record Collected or Updated- 04/09/1997

		Diam. (in.)	Setting(feet) From	To
1	C	9	0	680
2	C	5	620	680
3	S	5	680	720

Casing or Blank Pipe (C)
Well Screen or Slotted Zone (
Open Hole (O)
Cemented from _____ to _____

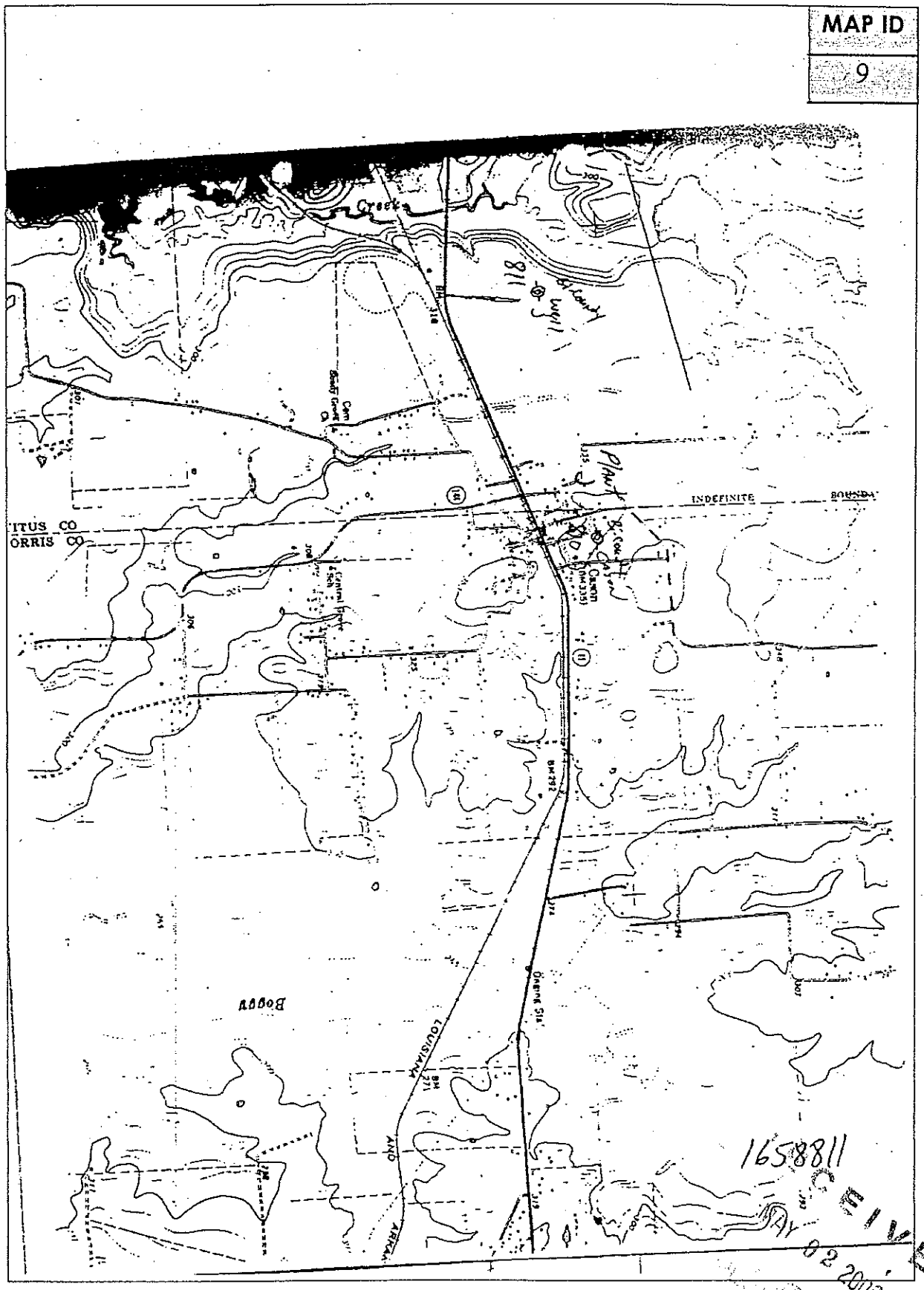
Reporting Agency - TEXAS WATER DEVELOPMENT BOARD
REMARKS -
Well J. Reported yield 150 GPM with 85 feet drawdown after pumping 36 hours. Gravel packed from 680 to 726 feet. Cemented from 0 to 680 feet.

RECEIVED MAY 12 2000 WATER RIGHTS PERMITS APPLICATIONS TEAM

Aquifer - 124WLCX
Well No. - 16 58 811

MAP ID

9



RECEIVED
MAY 02 2000

MAP ID

9

Send original copy by certified mail to: Texas Water Commission, P.O. Box 13087, Austin, Texas 78711

ATTENTION OWNER: Confidentiality Privilege Notice on Reverse Side

State of Texas WELL REPORT

33-017
94-49-45

Texas Water Well Drillers Board
P.O. Box 13087
Austin, Texas 78711

1) OWNER BI County W.S.C. (Name) ADDRESS PO Box 848 (Street or RFD) Pittsburg (City) TX (State) 75686 (Zip)

2) LOCATION OF WELL: County Titus, 1 miles in W (NE, SW, etc.) direction from Cason (Town)

Driller must complete the legal description below with distance and direction from two intersecting section or survey lines, or he must locate and identify the well on an official Quarter- or Half-Scale Texas County General Highway Map and attach the map to this form.

☐ LEGAL DESCRIPTION:
Section No. _____ Block No. _____ Township _____ Abstract No. _____ Survey Name _____
Distance and direction from two intersecting section or survey lines _____

☐ SEE ATTACHED MAP

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

4) PROPOSED USE (Check): ☐ Domestic ☐ Industrial ☐ Monitor ☑ Public Supply ☐ Irrigation ☐ Test Well ☐ Injection ☐ De-Watering

5) DRILLING METHOD (Check): ☐ Driven ☑ Mud Rotary ☐ Air Hammer ☐ Jetted ☐ Bored ☐ Air Rotary ☐ Cable Tool ☐ Other _____

6) WELL LOG:
Date Drilling: Started 1/24 1992 Completed 2/14 1992

DIAMETER OF HOLE Dia. (in.)	From (ft.)	To (ft.)
12 3/4	Surface	680
18"	680	726
7 7/8	726	736

From (ft.)	To (ft.)	Description and color of formation material
0	16	Clay Brown
16	32	Sand Brown
32	60	Shale Blue
60	180	Sand & Sandy Shale
180	219	Shale Blue
219	246	Sand Gray
246	680	Shale & Sandy Shale
680	726	Sand Gray
726	736	Shale Brown

(Use reverse side if necessary)

7) BOREHOLE COMPLETION: ☐ Open Hole ☐ Straight Wall ☑ Underreamed ☐ Gravel Packed ☐ Other _____
If Gravel Packed give interval ... from 680 ft. to 726 ft.

8) 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	Setting (ft.) To	Gage Casing Screen
8 5/8	New	Steel	0	680	.322
4 1/2	"	"	670	680	
4 1/2	"	Stainless Steel Screen	670	720	

9) CEMENTING DATA [Rule 287.44(1)]
Cemented from 0 ft. to 680 ft. No. of Sacks Used 225
_____ ft. to _____ ft. No. of Sacks Used _____
Method Used Pressure
Cemented by Bib-Son Cementing Co

10) SURFACE COMPLETION
☑ Specified Surface Slab Installed [Rule 287.44(2)(A)]
☐ Specified Steel Sleeve Installed [Rule 287.44(3)(A)]
☐ Pitless Adapter Used [Rule 287.44(3)(B)]
☑ Approved Alternative Procedure Used [Rule 287.71]

11) WATER LEVEL:
Static level 80 ft. below land surface Date 2/15/92
Artesian flow _____ gpm. Date _____

12) PACKERS: Type _____ Depth _____

13) TYPE PUMP: ☐ Turbine ☐ Jet ☑ Submersible ☐ Cylinder ☐ Other _____
Depth to pump bowls, cylinder, jet, etc., 250

14) WELL TESTS:
Type Test: ☑ Pump ☐ Bailer ☐ Jetted ☐ Estimated
Yield: 150 gpm with 85 ft. drawdown after 36 hrs.

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? _____ Depth of strata _____
Was a chemical analysis made? ☑ Yes ☐ No

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 resubmittal.

COMPANY NAME Powell Drilling Co (Type or print) WELL DRILLER'S LICENSE NO. 1502

ADDRESS Rt 4 Box 363 (Street or RFD) Jacksonville (City) TX (State) 75657 (Zip)

(Signed) Bob Powell (Licensed Well Driller) (Signed) _____ (Registered Driller Trainee)

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

For TWC use only: Well No. 1437-5 Located on map _____

WWD-012 (Rev. 05-16-90)

TEXAS WATER COMMISSION COPY

1658811 X

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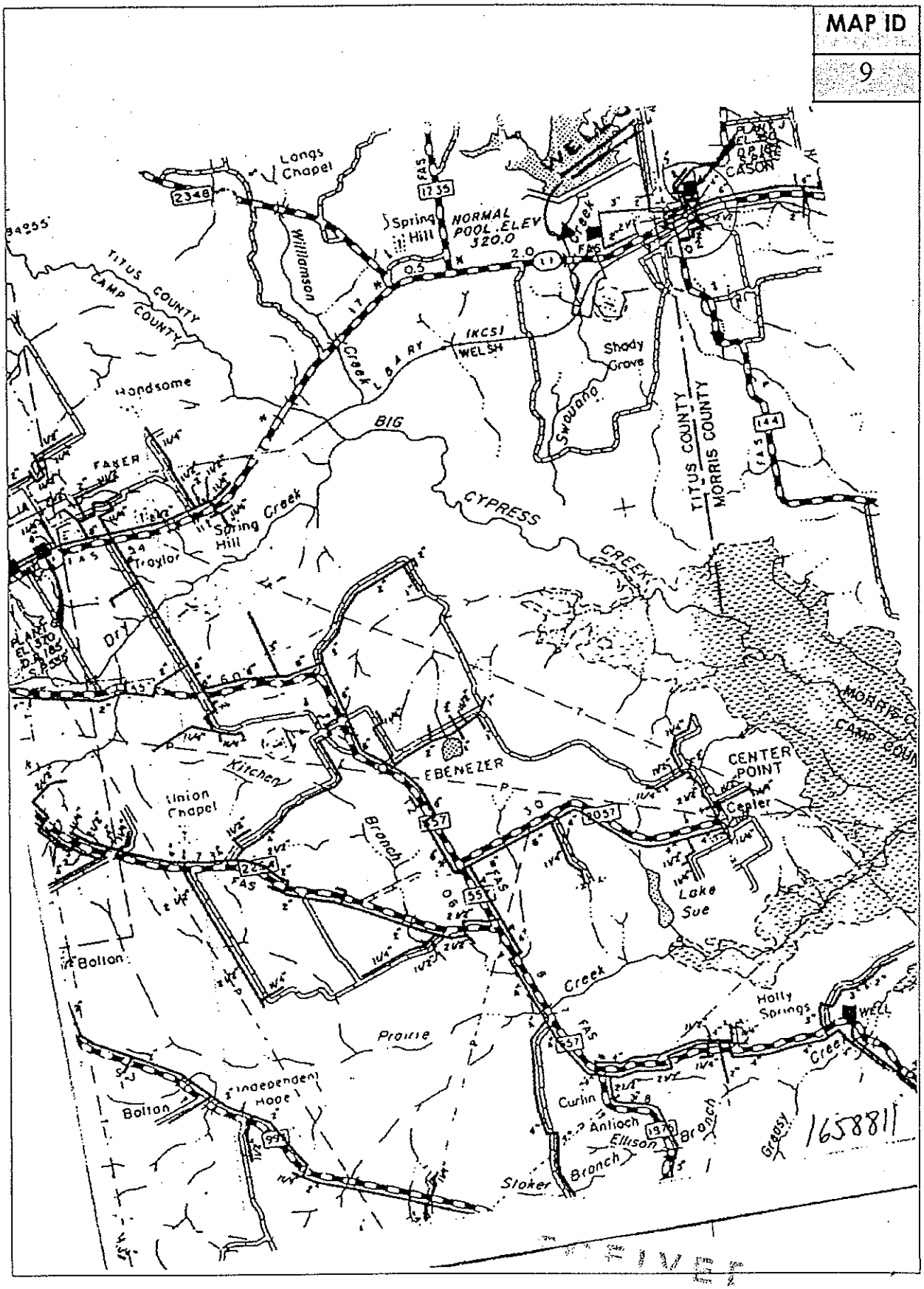
MAY 02 2000
PLANNING & PERMITS

MAP ID

9



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MAY 02 2009
WASTEWATER PERMITS

MAP ID

10

See Attached Documents

RECEIVED
MAY 02 2000
WATER PERMITS
TEAM

Send original copy by certified mail to: TNRCC, P.O. B[illegible] 13087, Austin, TX 78711-3087

Please use black ink.

ATTENTION OWNER: *Confidentiality Privilege Notice on Reverse Side*

State of Texas WELL REPORT

Texas Water Well Drillers Advisory Council
P.O. Box 13087
Austin, TX 78711-3087
512-239-0530

1) OWNER Terry McDowell (Name) ADDRESS Rt #4 Box 237A (Street or RFD) Pittsburg (City) Tex (State) 75686 (Zip)

2) ADDRESS OF WELL: County Titus Rt #4 Box 237A (Street or RFD) Pittsburg (City) Tx (State) 75686 (Zip) GRID # 16-58-4

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, were plans submitted to the TNRCC? ☐ Yes ☐ No

5) N

6) WELL LOG:
Date Drilling:
Started 12-23 1995
Completed 12-30 1995

DIAMETER OF HOLE

Dia. (in.)	From (ft.)	To (ft.)
6 3/4	Surface	440

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

From (ft.)	To (ft.)	Description and color of formation material
0	15	Sand & Clay
15	51	Sand
51	72	Sandy Clay
72	138	Sand
138	211	Sandy Shale
211	224	Sand
224	304	Sandy shale & streaks lignite
304	358	Streaks Sand, Shale & lignite
358	378	Sand
378	440	Sand & streaks Shale & lignite

(Use reverse side if necessary)

8) Borehole Completion (Check): ☐ Open Hole ☐ Straight Wall ☐ Underreamed ☐ Gravel Packed ☑ Other 25 slotted pipe
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.) From	Setting (ft.) To	Gage Casting Screen
4	N	Plastic	0	360	
3	N	Galvanized (Slotted)	356	440	.025

9) CEMENTING DATA [Rule 338.44(1)]
Cemented from 0 ft. to 360 ft. No. of sacks used 51
_____ ft. to _____ ft. No. of sacks used _____
Method used Pressure Cemented
Cemented by Pepper Water Well Drlg. Co.
Distance to septic system field lines 150 ft.
Method of verification of above distance Landowner

10) SURFACE COMPLETION
☐ Specified Surface Slab Installed [Rule 338.44(2)(A)]
☑ Specified Steel Sleeve Installed [Rule 338.44(3)(A)]
☐ Pitless Adapter Used [Rule 338.44(3)(b)]
☐ Approved Alternative Procedure Used [Rule 338.71]

11) WATER LEVEL:
Static level 110 ft. below land surface Date 12-30-95
Artesian flow _____ gpm. Date _____

12) PACKERS:

Type	Depth
Neoprene	356

13) TYPE PUMP: ☐ Turbine ☐ Jet ☑ Submersible ☐ Cylinder ☐ Other
Depth to pump bowls, cylinder, jet, etc., 232 ft.

14) WELL TESTS:
Type test: ☐ Pump ☐ Bailer ☑ Jetted ☐ Estimated
Yield: 12 gpm with 100 ft. drawdown after 2 hrs.

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? _____ Depth of strata _____
Was a chemical analysis made? ☐ Yes ☑ No

RECEIVED JAN 22 1995 TEXAS NATURAL RESOURCE CONSERVATION COMMISSION

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 resubmittal.

COMPANY NAME Pepper Water Well Drlg. Co. (Type or print) WELL DRILLER'S LICENSE NO. 1833 WPKT

ADDRESS Rt #3 Box 180 (Street or RFD) Mt. Pleasant (City) Texas (State) 75455 (Zip)

(Signed) [signature] (Licensed Well Driller) (Signed) _____ (Registered Driller Trainee)

MAY 02 2000 WASTEWATER PERMITS APPROVED

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

TNRCC-0199 (Rev. 09-01-93) TNRCC COPY 4844900525

MAP ID

11

9-185—July 193
Revised

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
WATER RESOURCES BRANCH

WELL SCHEDULE

Date [illegible], 19[illegible] Field No. [illegible]

Record by [illegible] Office [illegible]

Source of data [illegible]

1. *Location:* State [illegible] County [illegible]
Map [illegible]
[illegible] ¼ [illegible] ¼ sec. [illegible] T [illegible] N/S R [illegible] E/W

2. *Owner:* [illegible] Address [illegible]
Tenant [illegible] Address [illegible]
Driller [illegible] Address [illegible]

3. *Topography* [illegible]

4. *Elevation* [illegible] ft. above/below

5. *Type:* Dug, drilled, driven, bored, jetted [illegible] 19[illegible]

6. *Depth:* Rept. [illegible] ft. Meas. [illegible] ft.

7. *Casing:* Diam. [illegible] in., to [illegible] in., Type [illegible]
Depth [illegible] ft., Finish [illegible]

8. *Chief Aquifer* [illegible] From [illegible] ft. to [illegible] ft.
Others [illegible]

9. *Water level* [illegible] ft. rept./meas. [illegible] 19[illegible] above/below [illegible]
[illegible] which is [illegible] ft. above/below surface

10. *Pump:* Type [illegible] Capacity [illegible] G. M.
Power: Kind [illegible] Horsepower [illegible]

11. *Yield:* Flow [illegible] G. M., Pump [illegible] G. M., Meas., Rept. Est.
Drawdown [illegible] ft. after [illegible] hours pumping [illegible] G. M.

12. *Use:* Dom., Stock, PS., RR., Ind., Irr., Obs.
Adequacy, permanence [illegible]

13. *Quality* [illegible] Temp [illegible] °F.
Taste, odor, color [illegible] Sample Yes/No [illegible]
Unfit for [illegible]

14. *Remarks:* (Log, Analyses, etc.) [illegible]

RECEIVED
MAY 02 2000
WATER PERMITS
WATERSHEDS TEAM

MAP ID
12

See Attached Documents

MAY 02 2000
WASTEWATER PERMIT

Send original cc
certified mail to
Texas Department of Water Resources
P. O. Box 13087
Austin, Texas 78711

State of T
WATER WELL REPORT

ATTENTION OWNER: *Confidentiality Privilege Notice on Reverse Side*

For TDWR use only
Well No. 16-58-46
Located on map YES
Received: C.F.S.

1) OWNER JAMES A CLOWNES (Name) Address Rt 1 Box 331 (Street or RFD) Mt Pleasant (City) Tx. (State) 75...(Zip)

2) LOCATION OF WELL:
County Titus 4 miles in South (N.E., S.W., etc.) direction from Mt. Pleasant (Town)

Driller must complete the legal description to the right with distance and direction from two intersecting section or survey lines, or he must locate and identify the well on an official Quarter- or Half-Scale Texas County General Highway Map and attach the map to this form.

☐ Legal description:
Section No. _____ Block No. _____ Township _____
Abstract No. _____ Survey Name _____
Distance and direction from two intersecting section or survey lines _____

☑ See attached map. map on Camp Co. 35-01-2P

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

4) PROPOSED USE (Check):
☑ Domestic ☐ Industrial ☐ Public Supply ☐ Irrigation ☐ Test Well ☐ Other _____

5) DRILLING METHOD (Check):
☑ Mud Rotary ☐ Air Hammer ☐ Driven ☐ Bored ☐ Air Rotary ☐ Cable Tool ☐ Jetted ☐ Other _____

6) WELL LOG:
Date drilled 9-27-80

DIAMETER OF HOLE Dia. (in.)	From (ft.)	To (ft.)
6 3/4	Surface	400

From (ft.)	To (ft.)	Description and color of formation material
0	56	CLAY
56	62	COAL
62	237	CLAY
237	249	COAL
249	412	SAND & CLAY
412	430	SAND

(Use reverse side if necessary)

7) BOREHOLE COMPLETION:
☑ Open Hole ☐ Straight Wall ☐ Underreamed
☐ Gravel Packed ☐ Other _____
If Gravel Packed give interval . . . from _____ ft. to _____ ft.

8) CASING, BLANK PIPE, AND WELL SCREEN DATA:

Dia. (in.)	New or Used	Steel, Plastic, etc. Perf., Slotted, etc. Screen Mgf., if commercial	Setting (ft.) From	To	Gag Casi Scre
4	N	PVC (SCH40)	0	400	

CEMENTING DATA
Cemented from 400 ft. to GL ft.
Method used Hand
Cemented by Clear Water Drilling Inc. (Company or Individual)

9) WATER LEVEL:
Static level 110 ft. below land surface Date 9-27-80
Artesian flow _____ gpm. Date _____

10) PACKERS: Type Depth

11) TYPE PUMP:
☐ Turbine ☐ Jet ☑ Submersible ☐ Cylinder
☐ Other _____
Depth to pump bowls, cylinder, jet, etc., 250 ft.

12) WELL TESTS:
☐ Type Test: ☑ Pump ☐ Bailer ☐ Jetted ☐ Estimated
Yield: 12 gpm with _____ ft. drawdown after _____ hrs.

13) WATER QUALITY:
Did you knowingly penetrate any strata which contained undesirable water? ☐ Yes ☑ No
If yes, submit "REPORT OF UNDESIRABLE WATER"
Type of water? _____ Depth of strata _____
Was a chemical analysis made? ☐ Yes ☑ No

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.

NAME E. A. ROZELL (Type or Print) Water Well Drillers Registration No. 1493

ADDRESS Rt. 6 Box 86 (Street or RFD) Pittsburg (City) Tx. (State) 75686 (Zip)

(Signed) E.A. Rozell (Water Well Driller) Clear Water Drilling Inc. (Company Name)

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

RECEIVED NOV 2 2000 APPLICATIONS PERMITS

TDWR-0392 (Rev. 1-12-79)

DEPARTMENT OF WATER RESOURCES COPY

4844900535

MAP ID

13

9-185—July 193
Revised

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
WATER RESOURCES BRANCH

WELL SCHEDULE

Date [illegible], 19[illegible] Field No. 369

Record by [illegible] Office No. 1658504

Source of data [illegible]

1. *Location:* State [illegible] County [illegible]
   Map [illegible]
   ___ ¼ ___ ¼ sec. ___ T ___ N/S R ___ E/W
2. *Owner:* [illegible] Address [illegible]
   Tenant ___ Address ___
   Driller ___ Address ___
3. *Topography* ___
4. *Elevation* ___ ft. above/below ___
5. *Type:* Dug, drilled, driven, bored, jetted ___ 19[illegible]
6. *Depth:* Rept. [illegible] ft. Meas. ___ ft.
7. *Casing:* Diam. [illegible] in., to ___ in., Type [illegible]
   Depth ___ ft., Finish ___
8. *Chief Aquifer* ___ From ___ ft. to ___ ft.
   Others ___
9. *Water level* [illegible] ft. rept./meas. [illegible] 19___ above/below ___
   which is [illegible] ft. above/below surface
10. *Pump:* Type [illegible] Capacity ___ G. M.
    Power: Kind [illegible] Horsepower [illegible]
11. *Yield:* Flow ___ G. M., Pump ___ G. M., Meas., Rept. Est.
    Drawdown ___ ft. after ___ hours pumping ___ G. M.
12. *Use:* Dom., Stock, PS., RR., Ind., Irr., Obs. ___
    Adequacy, permanence ___
13. *Quality* [illegible] Temp ___ °F.
    Taste, odor, color ___ Sample Yes/No ___
    Unfit for ___
14. *Remarks:* (Log, Analyses, etc.) ___
    [illegible]

RECEIVED
MAY 02 2000
WASTEWATER PERMITS
APPLICATIONS TEAM

MAP ID

14

See Attached Documents

RECEIVED
MAY 02 2000
MASSACHUSETTS PERMITS
APPLICATIONS TEAM

Send original copy certified mail to the Texas Department of Water Resources P. O. Box 13087 Austin, Texas 78711

State of Te.

WATER WELL REPORT

ATTENTION OWNER: *Confidentiality Privilege Notice on Reverse Side*

Texas Water Well Drillers Board P. O. Box 13087 Austin, Texas 78711

1) OWNER Lonny Shultize (Name) Address Rt # 4 Box 222A (Street or RFD) Pittsburg (City) Tex. (State) 75683 (Zip)

2) LOCATION OF WELL: County Titus 11 miles in IE (N.E., S.W., etc.) direction from Mt. Pleasant (Town)

Driller must complete the legal description to the right with distance and direction from two intersecting section or survey lines, or he must locate and identify the well on an official Quarter- or Half-Scale Texas County General Highway Map and attach the map to this form.

☐ Legal description:
Section No. _____ Block No. _____ Township _____
Abstract No. _____ Survey Name _____
Distance and direction from two intersecting section or survey lines _____
☑ See attached map.

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

4) PROPOSED USE (Check): ☐ Domestic ☐ Industrial ☐ Public Supply ☐ Irrigation ☐ Test Well ☑ Other Poultry House

5) DRILLING METHOD (Check): ☑ Mud Rotary ☐ Air Hammer ☐ Driven ☐ Bored ☐ Air Rotary ☐ Cable Tool ☐ Jetted ☐ Other _____

6) WELL LOG:

Date drilled 11-3-90

DIAMETER OF HOLE Dia. (in.)	From (ft.)	To (ft.)
6 3/4	Surface	460

From (ft.)	To (ft.)	Description and color of formation material
0	36	Sand & Clay
36	68	Sand
68	95	Sandy Clay
95	139	Sand & Streaks Lignite
139	224	Sandy Shale
224	253	Sand
253	298	Sandy Shale & Streaks Lignite
298	355	Sand & Streaks Lignite
355	380	Sand & Streaks Lignite
380	460	Sand & Streaks Shale & Lignite

(Use reverse side if necessary)

7) BOREHOLE COMPLETION: ☐ Open Hole ☐ Straight Wall ☐ Underreamed ☑ Gravel Packed ☐ Other _____
If Gravel Packed give interval . . . from 255 ft. to 460 ft.

8) CASING, BLANK PIPE, AND WELL SCREEN DATA:

Dia. (in.)	New or Used	Steel, Plastic, etc. Perf., Slotted, etc. Screen Mgf., if commercial	Setting (ft.) From	Setting (ft.) To	Gage Casin Scree
4	N	Plastic	0	360	
2	N	Galv.	355	367	
2	N	Stainless Houston	367	387	.00
2	N	Galv.	387	408	
2	N	Stainless Houston	408	418	.00
2	N	Galv.	418	460	

CEMENTING DATA
Cemented from 0 ft. to 360 ft.
Method used Pressure Cemented
Cemented by Pepper Water Well Drlg. Co. (Company or Individual)

9) WATER LEVEL:
Static level 110 ft. below land surface Date _____
Artesian flow _____ gpm. Date _____

10) PACKERS: Type Neoprene K Depth 355

11) TYPE PUMP: ☐ Turbine ☐ Jet ☑ Submersible ☐ Cylinder ☐ Other _____
Depth to pump bowls, cylinder, jet, etc., 294 ft.

12) WELL TESTS: ☐ Type Test: ☐ Pump ☐ Bailer ☑ Jetted ☐ Estimated
Yield: 20 gpm with _____ ft. drawdown after _____ hrs.

13) WATER QUALITY:
Did you knowingly penetrate any strata which contained undesirable water? ☐ Yes ☑ No
If yes, submit "REPORT OF UNDESIRABLE WATER"
Type of water? _____ Depth of strata _____
Was a chemical analysis made? ☐ Yes ☑ No

RECEIVED NOV 15 1990 TEXAS WATER COMMISSION

RECEIVED MAY 2000 APPLICATION

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.

COMPANY NAME Pepper Water Well Drlg. Co. (Type or Print) Water Well Driller's License No. 1833

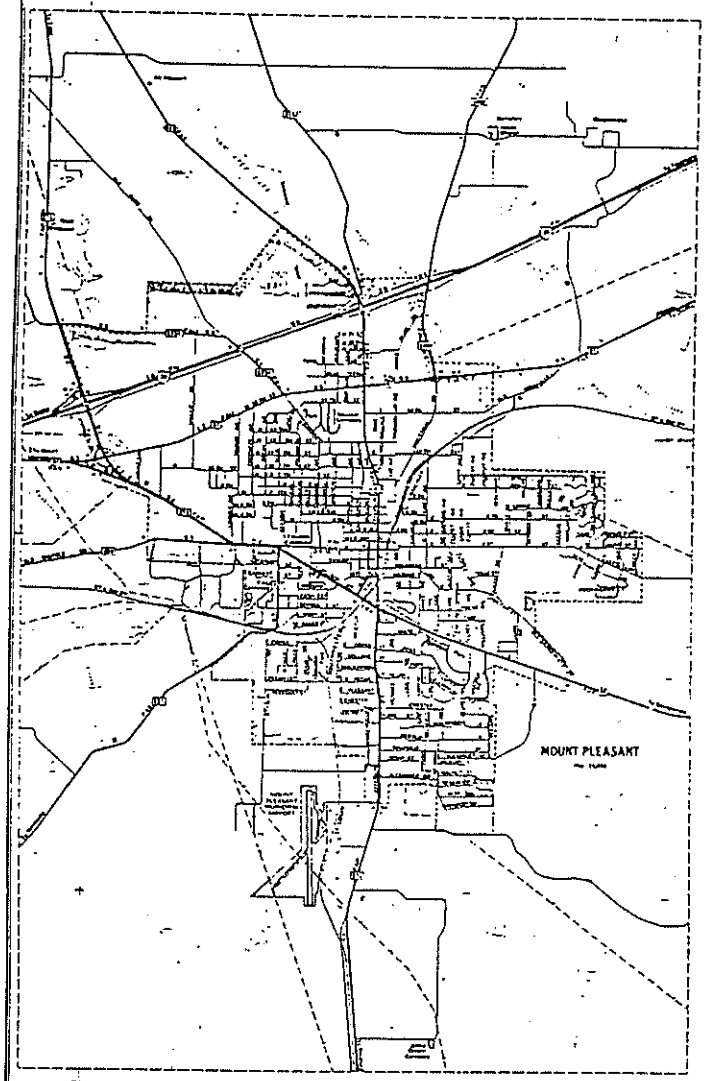
ADDRESS Rt # 3 Box 180 (Street or RFD) Mt. Pleasant (City) Texas (State) 75455 (Zip)

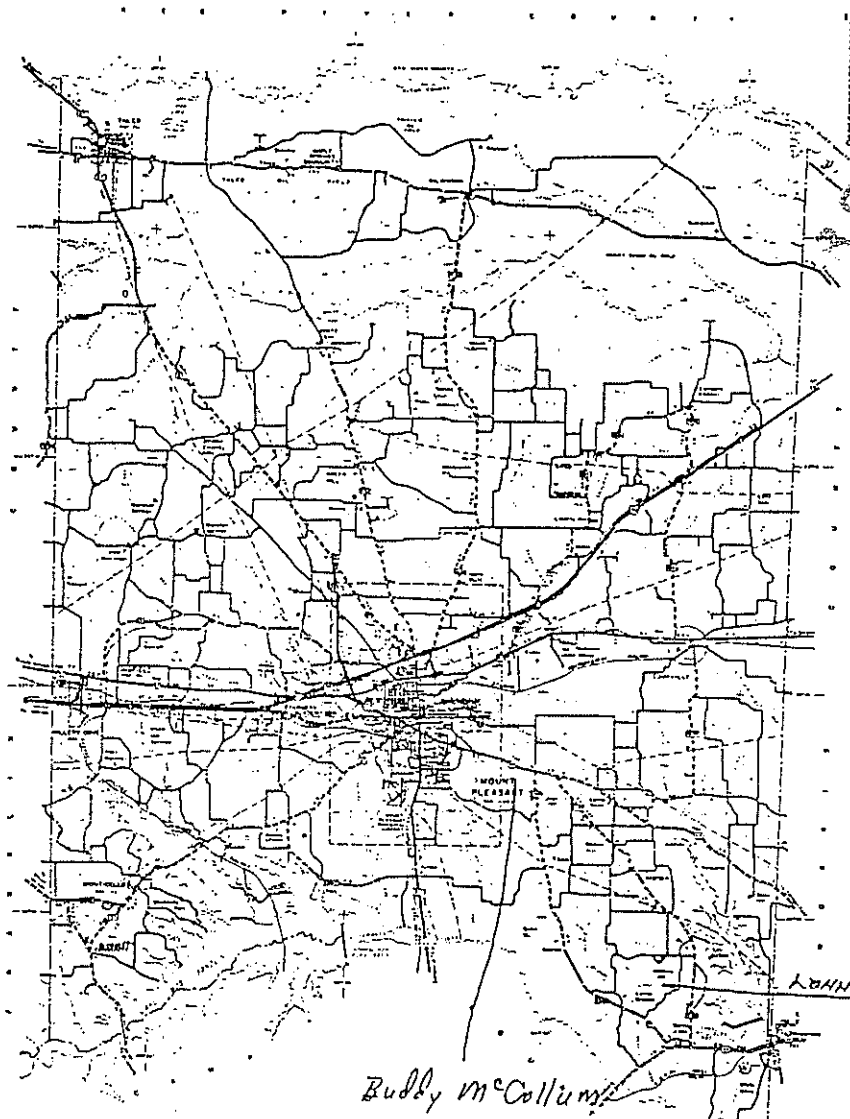
(Signed) Roy W. Pepper (Licensed Water Well Driller) (Signed) _____ (Registered Driller Trainee)

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

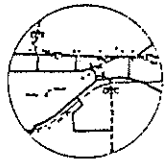
For TDWR use only
Well No. 16-58-4
Located on map _____

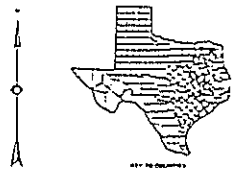
TDWR 0392 (Rev. 5-27 82) DEPARTMENT OF WATER RESOURCES COPY 4844900519





LEGEND





GENERAL HIGHWAY MAP
TITUS COUNTY
TEXAS

STATE DEPARTMENT OF HIGHWAYS
AND PUBLIC TRANSPORTATION
TRANSPORTATION PLANNING DIVISION

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION

1967

MAY 0 4