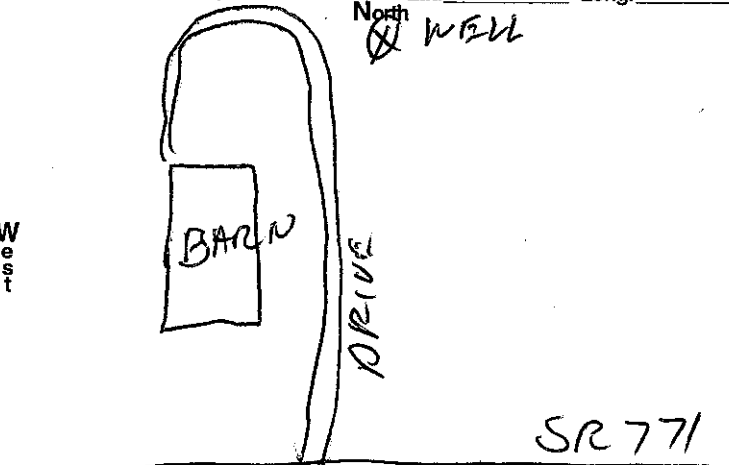


TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

Ohio Department of Natural Resources
Division of Soil and Water Resources, 2045 Morse Road Building B
Columbus, Ohio 43229-6693 Voice (614) 265-6740 Fax (614) 265-6767

WELL LOCATION		CONSTRUCTION DETAILS							
County <u>HIGHLAND</u> Township <u>FAIRFIELD</u> Owner/Builder <u>DANIEL YODER</u> (Circle One or Both) Address of Well Location <u>NEXT TO 11164 SR 771</u> Number Street Name City <u>LEESBURG</u> Zip Code +4 <u>45135</u> Permit No. <u>514519</u> Section/Lot No. (Circle One or Both)		☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Other BOREHOLE/CASING (measured from ground surface) 1 ☒ Borehole Diameter <u>6 6</u> inches Depth <u>96</u> ft. Casing Diameter <u>6 6</u> in. Length <u>27</u> ft Thickness <u>18</u> in. 2 ☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft Thickness _____ in. Casing Height Above Ground <u>16 INCHES</u> Type 1 ☐ Steel 1 ☒ Galv. 1 ☐ PVC 1 ☐ 2 ☐ Steel 2 ☐ Galv. 2 ☐ PVC 2 ☐ Other Joints 1 ☐ Threaded 1 ☒ Welded 1 ☐ Solvent 1 ☐ 2 ☐ Threaded 2 ☐ Welded 2 ☐ Solvent 2 ☐ Other							
Location of Well in State Plane coordinates, if available: N ☐ X <u>N 39°</u> . <u>317</u> +/- ft. or m S ☐ Y <u>W 83°</u> . <u>532</u> +/- ft. or m Elevation of Well _____ +/- ft. or m Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source _____ Source of Coordinates: ☒ GPS ☐ Survey ☐ Other		SCREEN Diameter _____ Slot Size _____ Screen Length _____ ft. Type _____ Material _____ Set Between _____ ft. and _____ ft. GRAVEL PACK (Filter Pack) Material/Size _____ Volume/Weight Used _____ Method of Installation _____ Depth: Placed FROM _____ ft. TO _____ ft. GROUT Material <u>BENSEAL</u> Volume/Weight Used <u>50 #</u> Method of Installation <u>DRY POUR</u> Depth: Placed FROM <u>0</u> ft. TO <u>27</u> ft.							
Sketch a map showing distance well lies from numbered state highways, street intersections, county roads, buildings or other notable landmarks. If latitude and longitude are available please include here: Lat: _____ Long: _____  WELL TEST* Pre-Pumping Static Level <u>14</u> ft. Date <u>5/30/2024</u> Measured from: ☒ Top of Casing ☐ Ground Level ☐ Other ☐ Air ☒ Bailing ☐ Pumping* ☐ Other Test Rate <u>12</u> gpm Duration of Test _____ hrs. Feet of Drawdown _____ ft. Sustainable Yield <u>12</u> gpm *(Attach a copy of the pumping test record, per section 1521.05, ORC) Is Copy Attached? ☐ Yes ☒ No Flowing Well? ☐ Yes ☒ No Quality <u>GOOD</u>		DRILLING LOG* INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED. Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">From</th> <th style="width: 20%;">To</th> </tr> </thead> <tbody> <tr> <td style="height: 40px; vertical-align: top;">CLAY</td> <td style="vertical-align: top;">0 27</td> </tr> <tr> <td style="height: 40px; vertical-align: top;">LIMESTONE</td> <td style="vertical-align: top;">27 96</td> </tr> </tbody> </table>		From	To	CLAY	0 27	LIMESTONE	27 96
From	To								
CLAY	0 27								
LIMESTONE	27 96								
PUMP/PITLESS Type of pump _____ Capacity _____ gpm Pump set at _____ ft. Pitless Type _____ Pump installed by <u>MCCOY</u> I hereby certify the information given is accurate and correct to the best of my knowledge. Drilling Firm <u>TAYLOR WELL DRILLING</u> Address <u>3863 RADIO FORGE RD</u> City, State, Zip <u>BAINBRIDGE, OHIO 45612</u> Signed <u>[Signature]</u> Date <u>6/28/24</u> ODH Registration Number <u>1984</u>		Water at <u>95 FT</u> (If more space is needed to complete drilling log, use next consecutively numbered form.) Date of Well Completion <u>5/30/24</u> Total Depth of Well <u>96</u> ft.							

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

ORIGINAL COPY TO - ODNR, DIVISION OF SOIL AND WATER RESOURCES, 2045 MORSE ROAD BLD. B, COLS., OHIO 43229-6693
Blue - Customer's copy Pink - Driller's copy Green - Local Health Dept. copy