

WELL LOG AND DRILLING REPORT

ORIGINAL

NO CARBON PAPER
NECESSARY—
SELF-TRANSCRIBING

State of Ohio
DEPARTMENT OF NATURAL RESOURCES
Division of Water
65 S. Front St., Rm. 815 Phone (614) 469-2646
Columbus, Ohio 43215

437547

Permit # 14788

County Decker Township Allen Section of Township 27

Owner Sylvia Minnick Address Ross St.

Location of property Village of Rossburg

CONSTRUCTION DETAILS

Casing diameter 4 1/2" O.D. Length of casing 85 ft
Type of screen _____ Length of screen _____
Type of pump _____
Capacity of pump _____
Depth of pump setting _____
Date of completion 5-24

BAILING OR PUMPING TEST (Specify one by circling)

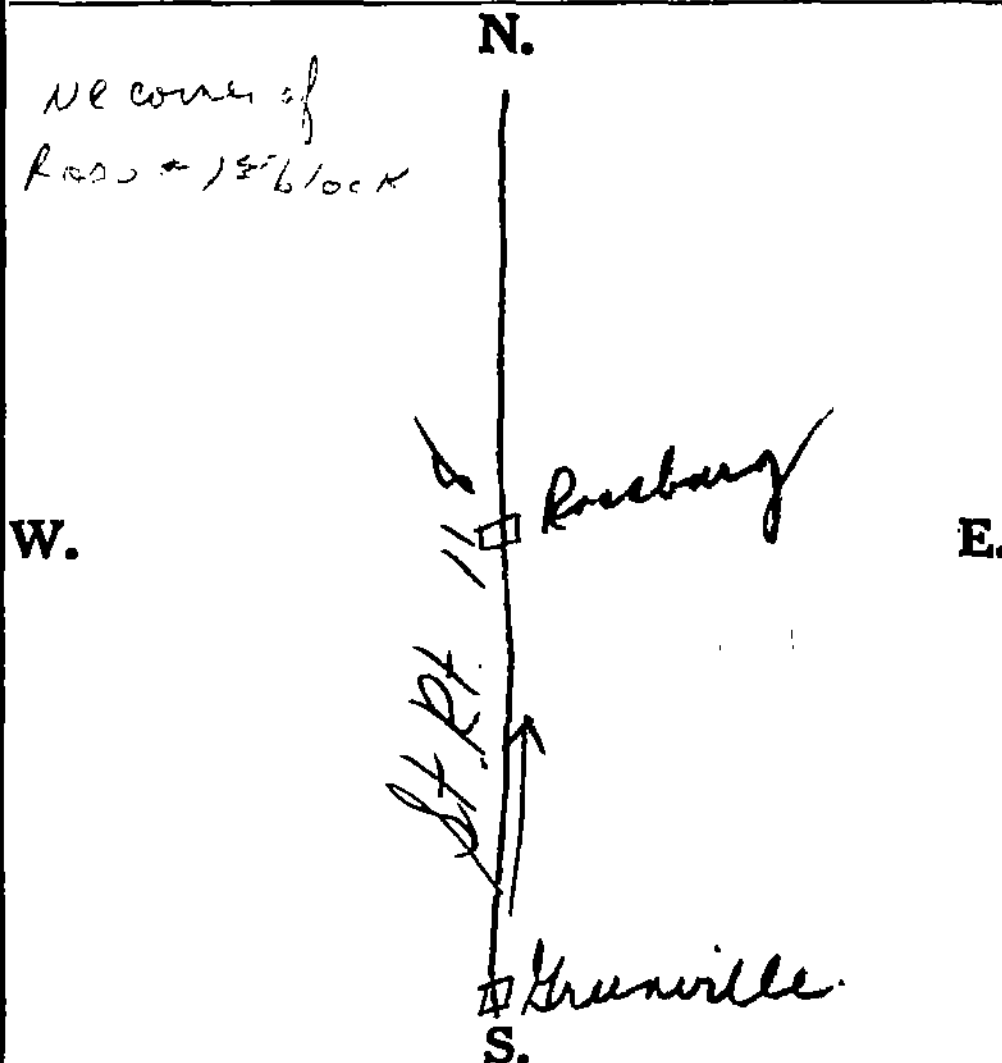
Test Rate 13 1/2 G.P.M. Duration of test 4 hrs
Drawdown 13 ft. Date 5-24-74
Static level-depth to water 50 ft.
Quality (clear, cloudy, taste, odor) clear
Pump installed by _____

WELL LOG*

Formations Sandstone, shale, limestone, gravel and clay	From	To
<u>Gray Clay</u>	<u>0 Feet</u>	<u>10 Ft.</u>
	<u>10</u>	<u>20</u>
	<u>20</u>	<u>40</u>
	<u>40</u>	<u>60</u>
	<u>60</u>	<u>80</u>
	<u>80</u>	<u>83</u>
<u>Sand</u>	<u>83</u>	<u>85</u>
<u>White Lime</u>	<u>85</u>	<u>95</u>
	<u>95</u>	<u>115</u>
<u>(water)</u>	<u>115</u>	<u>126</u>

SKETCH SHOWING LOCATION

Locate in reference to numbered
State Highways, St. Intersections, County roads, etc.



Drilling Firm Jake Campbell

Address Rt. 1 Rossburg, O.

Date 5-29-74

Signed Jake Campbell

*If additional space is needed to complete well log, use next consecutive numbered form.

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