WELL LOG AND DRILLING REPORT

655799

NO CARBON PAPER NECESSARY– SELF-TRANSCRIBING

State of Ohio
DEPARTMENT OF NATURAL RESOURCES
Division of Water
Fountain Square
Columbus, Ohio 43224

Permit Number _____

COUNTY Hamilton TOWNSHIP Colerain SECTION OF TOWNSHIP _____

OWNER MARK GALLO ADDRESS 3190 Mc Henry Cinti OH

LOCATION OF PROPERTY 8119 EAGLE CREEK Rd. 45211

CONSTRUCTION DETAILS

Casing diameter 6" Length of casing 26'

Type of screen 15 slots Length of screen 5'

Type of pump _____

Capacity of pump _____

Depth of pump setting _____

Date of completion _____
Rotary ☐ or Cable ☐

BAILING OR PUMPING TEST
(specify one by circling)

Test rate 20 GPH gpm Duration of test 1 hrs

Drawdown 60 ft Date 5/22/87

Static level (depth to water) _____ ft

Quality (clear, cloudy, taste, odor) _____

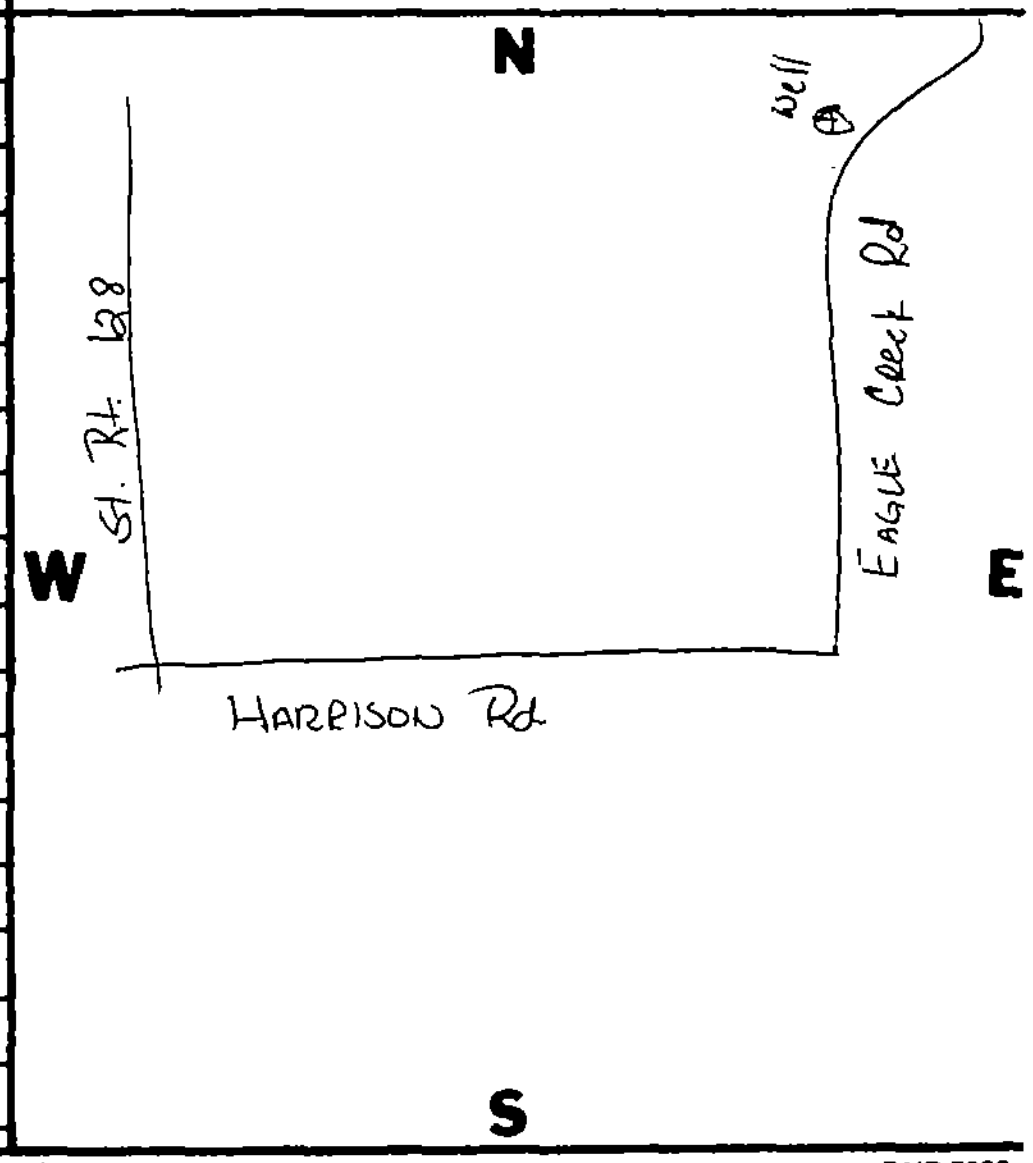
Pump installed by _____

WELL LOG*

Formations: sandstone, shale, limestone, gravel, clay	From	To
Top Soil	0 ft	3 ft
Yellow Sub	3	8
Yellow Clay	8	23
Shale (soft)	23	25
Rock	25	50

SKETCH SHOWING LOCATION

Locate in reference to numbered state highways, street intersections, county roads, etc.



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

DNR 7802

DRILLING FIRM TREADWAY WELL DRILLING
P.O. BOX 294
SEVEN MILE, OHIO
(513) 725-6029

REGISTRATION NUMBER 442 DATE 5/26/87

ADDRESS _____ SIGNED W.C. Treadway

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

WHITE ORIGINAL COPY - ODNR, DIVISION OF WATER, FOUNTAIN SQ., COLS., OHIO 43224 / Blue - Customer's Copy / Pink - Driller's Copy / Green - Local Health Dept. Copy