

WELL LOG AND DRILLING REPORT

660202

NO CARBON PAPER
NECESSARY -
SELF-TRANSCRIBING

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

Permit Number _____

COUNTY Franklin TOWNSHIP Jefferson SECTION OF TOWNSHIP _____

OWNER Robert Powellson ADDRESS 3252 Mann Rd.

LOCATION OF PROPERTY Betw. N Haven Cr. & Havens on Mann

CONSTRUCTION DETAILS

Casing diameter 6" Length of casing 18'
Type of screen Drilled Length of screen 2'
Type of pump Sub.
Capacity of pump 600 g.p.h.
Depth of pump setting 70'
Date of completion _____
Rotary ☐ or Cable ☐

BAILING OR PUMPING TEST

(specify one by circling)

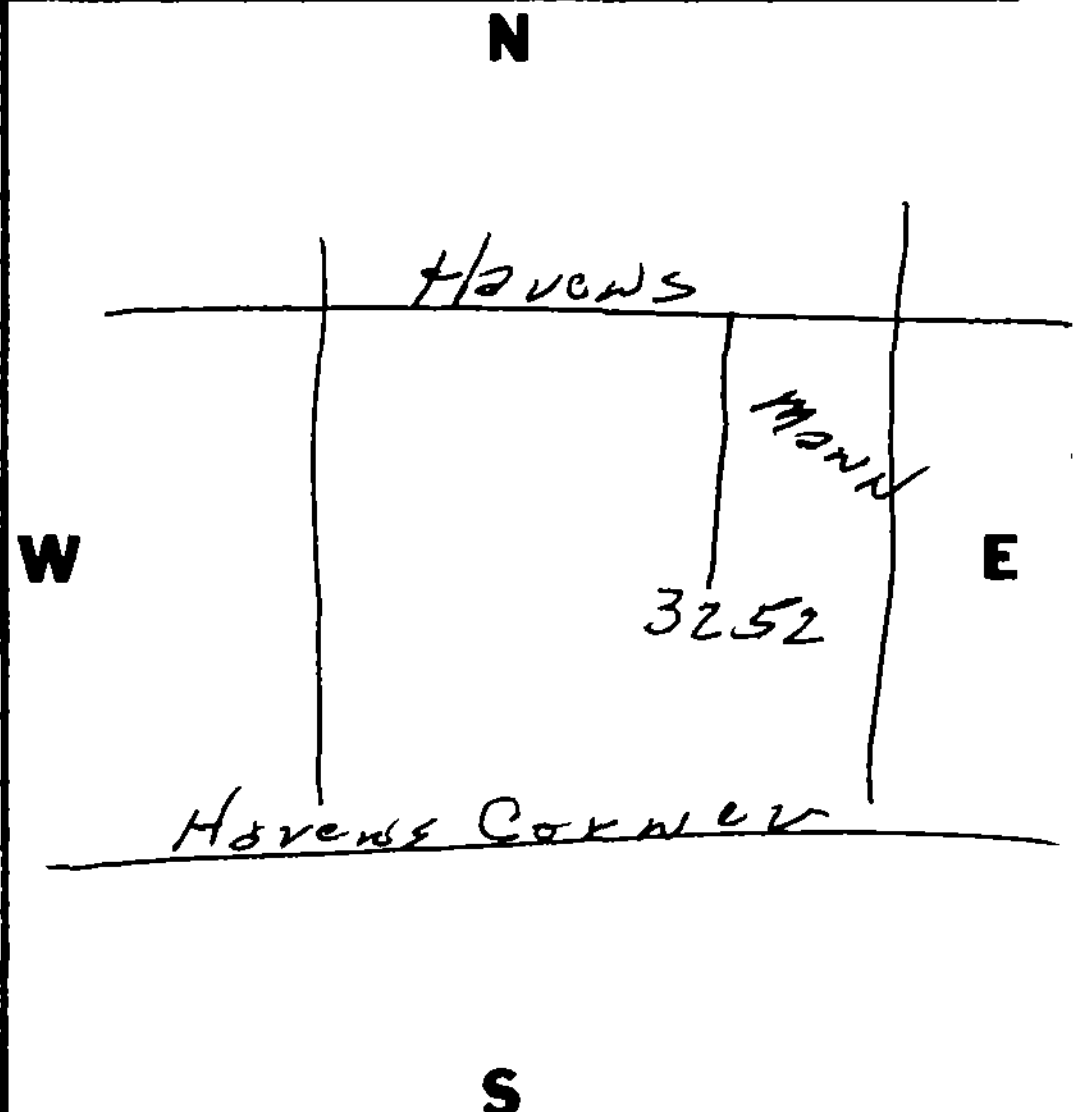
Test rate 600 g.p.h. Duration of test 48 hrs
Drawdown 60 ft Date 9/4 & 9/5
Static level (depth to water) 0 ft
Quality (clear, cloudy, taste, odor) good
Pump installed by Driller

WELL LOG*

Formations: sandstone, shale, limestone, gravel, clay	From	To
<u>Clay & gravel</u>	<u>0 ft</u>	<u>18 ft</u>
<u>gray shale</u>	<u>18</u>	<u>34</u>
<u>Black shale</u>	<u>34</u>	<u>54</u>
<u>gray shale</u>	<u>54</u>	<u>78</u>

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.

DRILLING FIRM _____ REGISTRATION NUMBER _____ DATE 9/5/87
ADDRESS 3950 codet R.D. colash SIGNED X Tom Price

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