WELL LOG AND DRILLING REPORT

666681

NO CARBON PAPER NECESSARY– SELF-TRANSCRIBING

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

Permit Number _____

COUNTY Morrow TOWNSHIP ~~Green~~ Cardington SECTION OF TOWNSHIP _____

OWNER Bob Taylor ADDRESS 3252 Rt 42 S. Cardington

LOCATION OF PROPERTY Same

CONSTRUCTION DETAILS

Casing diameter 5 1/2" Length of casing 37'

Type of screen _____ Length of screen _____

Type of pump _____

Capacity of pump _____

Depth of pump setting _____

Date of completion 11-14-88
Rotary ☒ or Cable ☐

BAILING OR PUMPING TEST
(specify one by circling)

Test rate _____ gpm Duration of test _____ hrs

Drawdown _____ ft Date _____

Static level (depth to water) 12 ft

Quality (clear, cloudy, taste, odor) good
Water comes in at 30 ft.

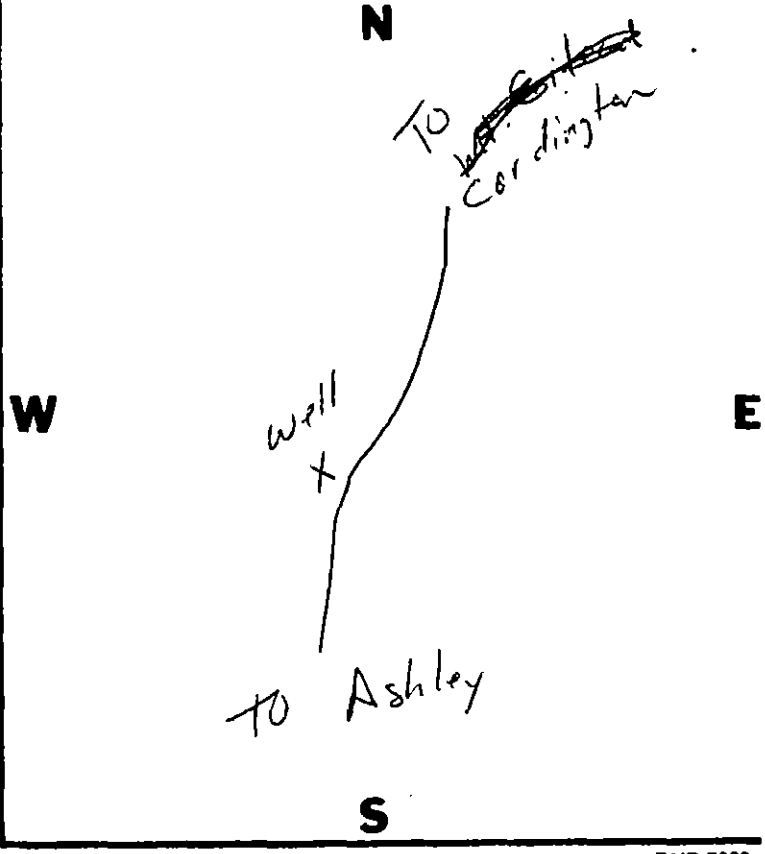
Pump installed by Owner

WELL LOG*

Formations: sandstone, shale, limestone, gravel, clay	From	To
Clay	0 ft	20 ft
Hard pan	20	22
Sand & Gravel	22	37

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 Complete Well Service REGISTRATION NUMBER 155 DATE 11-16-88

ADDRESS 1765 Co. Rd. 157 Ashley Ohio SIGNED William K. Deel

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

GOJ 5-882