WELL LOG AND DRILLING REPORT

718365

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

Ohio Department of Natural Resources, Divison of Water
1939 Fountain Square Drive, Columbus, Ohio 43224 Phone (614) 265-6739

Permit Number _____

COUNTY HAMILTON TOWNSHIP CROSBY SECTION/LOT No. 15 (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) JEFFREY P. HENDY PROPERTY ADDRESS 10285 SHORT ROAD (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY 10285 SHORT RD - HARRISON, OHIO 45030

CONSTRUCTION DETAILS

CASING Borehole Diameter _____ in.

[1] Diameter 6" in. Length 68 ft. Wall Thickness 1/4 in.
[2] Diameter _____ in. Length _____ ft. Wall Thickness _____ in.

Type: [1] Steel [2] Galv. [1] PVC [2] [1] [2] Other _____

Joints: [1] Threaded [2] Welded [1] Solvent [2] [1] [2] Other _____

Liner: Length _____ Type _____ Wall Thickness _____ in.

SCREEN

Type (wire wrapped, louvered, etc.) WW Material STAINLESS STEEL

Length 3 ft. Diameter 5 3/4 in.

Set between 168 ft. and 71 ft. Slot 20

GROUT

Material _____ Volume used _____

Method of installation _____

Depth: placed from _____ ft. to _____ ft.

GRAVEL PACK (Filter Pack)

Material _____ Volume used _____

Method of installation _____

Depth: placed from _____ ft. to _____ ft.

☐ Pitless Device ☐ Adapter ☐ Preassembled unit

Use of Well _____

☐ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____

Date of Completion _____

WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.	From	To
TOP SOIL	0	1
BROWN SANDY CLAY	1	33
BLUE SANDY CLAY	33	45
DIRTY SAND & GRAVEL	45	49
DIRTY SAND	49	57
SAND	57	71
TOTAL		71

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other _____

Test rate 20 gpm Duration of test _____ hrs.

Drawdown 1 ft.

Measured from: ☐ top of casing ☐ ground level ☐ Other _____

Static Level (depth to water) 38' 6" ft. Date 6/24/91

Quality (clear, cloudy, taste, odor) _____

*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

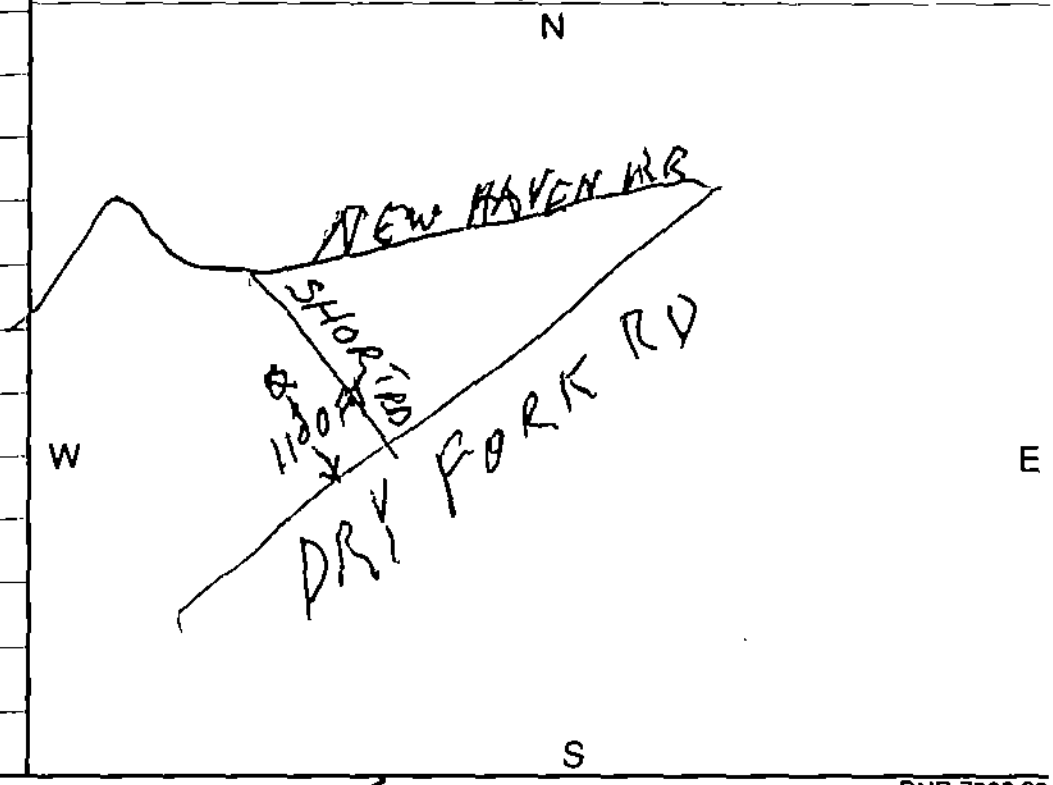
Type of pump NO PUMP Capacity _____ gpm

Pump set at _____ ft.

Pump installed by _____

SKETCH SHOWING WELL LOCATION

Show distances well lies from numbered state highways, street intersections, county roads, etc.



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

DNR 7802.90

Drilling Firm WM CRANE Signed _____

Address P.O. Box 33 Date _____

City, State, Zip SHANDON, OH 45063 ODH Registration Number 165

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 WATER, 1939 FOUNTAIN SQ. DRIVE, COLS., OHIO 43224

Blue - Customer's copy Pink - Driller's copy Green - Local Health Dept. copy