WELL LOG AND DRILLING REPORT

719935

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 90 0065 I

COUNTY Franklin TOWNSHIP Madison SECTION/LOT No. (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) Ben Woodie PROPERTY ADDRESS 5424 Bixby Rd. (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY Rt 33 + Bixby Rd on Bixby

CONSTRUCTION DETAILS

CASING
1] Diameter 5 5/8 in. Length 89½ ft. Wall Thickness 142 in.
2] Diameter ____ in. Length ____ ft. Wall Thickness ____ in.

Type: [1] Steel [2] Galv. [1] PVC [1] [2] Other ____
Joints: [2] Threaded [1] Welded [1] Solvent [1] [2] Other ____
Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN NONE
Type (wire wrapped, louvered, etc.) ____ Material ____
Length ____ ft. Diameter ____ in.
Set between ____ ft. and ____ ft. Slot ____

Borehole Diameter ____ in.

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 10-27-90

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	
	15	yellow Clay + Gravel
15	26	Sand + Gravel
26	87	Blue Clay
87	89	Gravel

WELL TEST

☐ Bailing ☑ Pumping* ☐ Other ____
Test rate 15 gpm Duration of test 1½ hrs.
Drawdown 2 ft.
Measured from: ☐ top of casing ☑ ground level ☐ Other ____
Static Level (depth to water) 18 ft. Date: 10-27-90
Quality (clear, cloudy, taste, odor) ____

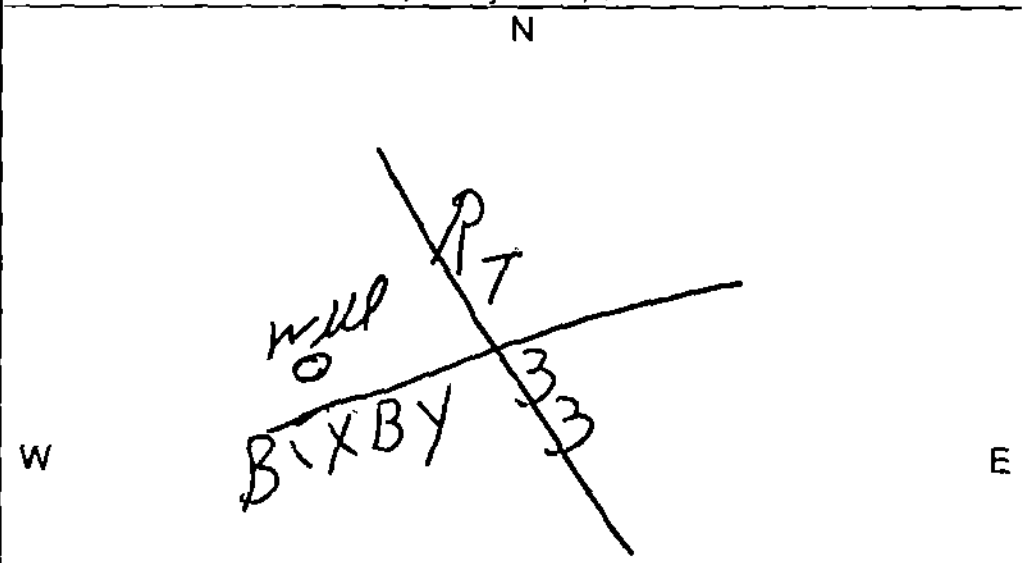
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump Submersible Capacity ____ gpm
Pump set at Packer Install 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 Short Drilling
Address Box 95
City, State, Zip Lithopolis, O 43136

Signed Karl Short
Date 10-27-90
ODH Registration Number 100

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

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