WELL LOG AND DRILLING REPORT

736321

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 254

COUNTY Jackson TOWNSHIP Jefferson SECTION/LOT No. (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) Thurman W. Gibson PROPERTY ADDRESS 7754 SR 93 South Oakhill (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY Same

CONSTRUCTION DETAILS

CASING Borehole Diameter 8 in.

[1] Diameter 6 in. Length 32 ft. Wall Thickness Sch 40 in.

[2] Diameter ____ in. Length ____ ft. Wall Thickness ____ in.

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

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

Liner: Length — Type — Wall Thickness — in.

SCREEN

Type (wire wrapped, louvered, etc.) — Material —

Length — ft. Diameter — in.

Set between ____ ft. and ____ ft. Slot ____

GROUT

Material Concrete & Drillcuttings Volume used ____

Method of installation Pour

Depth: placed from 0 ft. to 32 ft.

GRAVEL PACK (Filter Pack)

Material ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

Pitless Device [1] Adapter [2] Preassembled unit

Use of Well [1] Rotary [2] Cable [3] Augered [4] Driven [5] Dug [6] Other ____

Date of Completion 10-8-94

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
Soil & Sub soil	0	4
Soft Shale & clay	4	16
Soft Light Shale	16	30
Med Hard Dark Shale	30	46
Med Shale	46	77
Coal	77	78
	78	102

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

WELL TEST

[1] Bailing [2] Pumping* [3] Other ____

Test rate 1½ gpm Duration of test ½ hrs.

Drawdown 102 ft.

Measured from: [1] top of casing [2] ground level [3] Other ____

Static Level (depth to water) 40 ft. Date: 10-8-94

Quality (clear) cloudy, taste, odor) ____

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

PUMP

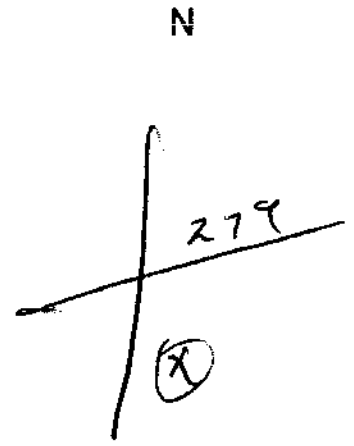
Type of pump ____ Capacity ____ gpm

Pump set at Owner plumbed ft.

Pump installed by ____

SKETCH SHOWING WELL LOCATION

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



DNR 7802.90

Drilling Firm EES Drilling

Address Rt 1 Box 328

City, State, Zip Harden Wv. 25634

Signed Earl E. Stuff

Date 10-8-94

ODH Registration Number 627

5554

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