WELL LOG AND DRILLING REPORT

749547

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 122635

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

OWNER/BUILDER (CIRCLE ONE OR BOTH) William Suiter PROPERTY ADDRESS 94511 E. Deadfall Rd. Hillsboro (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY 94511 E. Deadfall Rd. Hillsboro OH 45133

CONSTRUCTION DETAILS

CASING
[1] Diameter 6" OD in. Length 86.2 ft. Wall Thickness 0.258 in.
[2] Diameter ____ in. Length ____ ft. Wall Thickness ____ in.

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

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

Liner: NO Length ____ Type ____ Wall Thickness ____ in.

SCREEN NO

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

Length ____ ft. Diameter ____ in. Slot ____

Set between ____ ft. and ____ ft.

Borehole Diameter 5 3/8 in.

GROUT
Material Cutting Volume used 25 gallon
Method of installation Wet pour
Depth: placed from 8 ft. to 4 1/2 ft.

GRAVEL PACK (Filter Pack) NO
Material ____ Volume used ____
Method of installation ____
Depth: placed from ____ ft. to ____ ft.

Pitless Device [ ] Adapter [ ] Preassembled unit

Use of Well Home

[ ] Rotary [X] Cable [ ] Augered [ ] Driven [ ] Dug [ ] Other ____

Date of Completion 10-4-92

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
topsoil	0	1
Yellow clay	1	5
Gray clay	5	40
Gray Shale	40	45
Blue Shale	45	77
Limestone	77	85
Blue Shale	85	106

WELL TEST

[X] Bailing [ ] Pumping* [ ] Other ____

Test rate 4 gpm Duration of test 2 hrs.

Drawdown 98 ft.

Measured from: [ ] top of casing [X] ground level [ ] Other ____

Static Level (depth to water) 22 ft. Date 10-4-92

Quality (clear, cloudy, taste, odor) NO Odor

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

PUMP

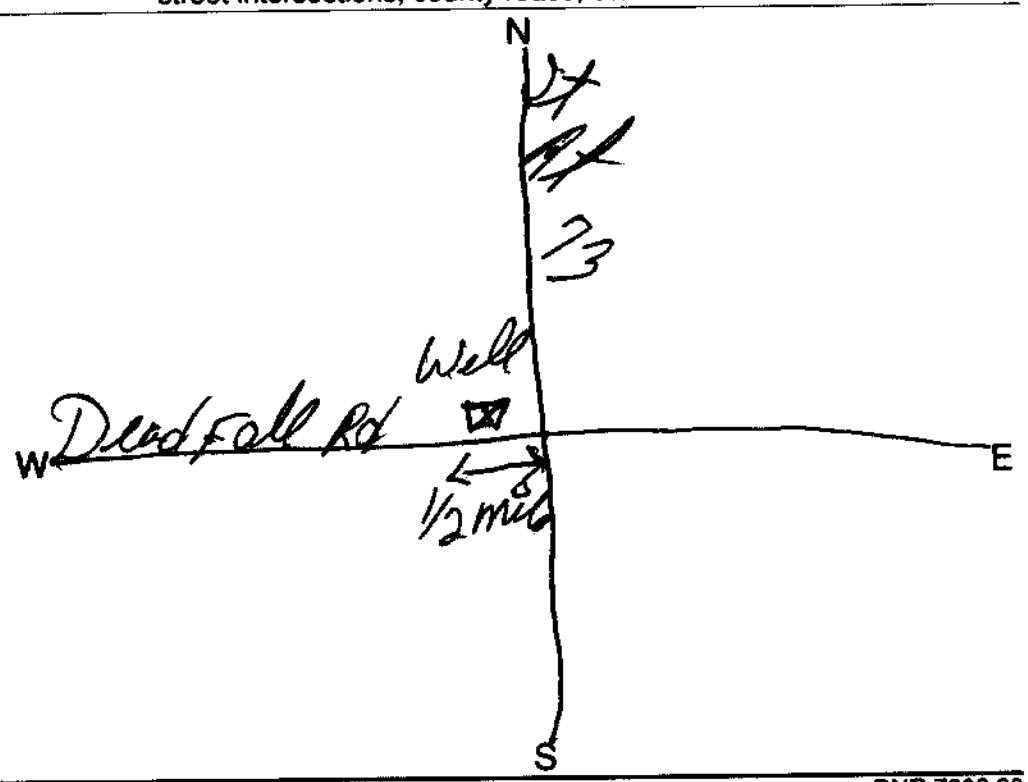
Type of pump NO Capacity ____ gpm

Pump set at ____ ft.

Pump installed by ____

SKETCH SHOWING WELL LOCATION

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



DNR 7802.90

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

Drilling Firm Walls Drilling
Address 4748 Carmel Rd.
City, State, Zip Hillsboro OH 45133

Signed Wayne Walls
Date 9-10-93
ODH Registration Number 1489

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

5597 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