DNR 7802.93
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

785644

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

Permit Number 7

COUNTY BELMONT TOWNSHIP WARREN SECTION/LOT No. 19
(CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) RICHARD LITTEYON PROPERTY ADDRESS 34486 CAT HOLLOW RD BARNESVILLE
(ADDRESS OF WELL LOCATION)

LOCATION OF PROPERTY 34486 HOME EAST CAT HOLLOW RD

CONSTRUCTION DETAILS

CASING Borehole Diameter 10 in.
[1] Diameter 8 in. Length 27 ft. Wall Thickness ___ in.
[2] Diameter ___ in. Length ___ ft. Wall Thickness ___ in.
Type: [1] Steel [1] Galv. [1] PVC [1] [2] Other ___
Joints: [1] Threaded [1] Welded [1] 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 CEMENT Volume used 720
Method of installation POUR
Depth: placed from 26 ft. to SURFACE 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 SINGLE FAMILY
[2] Rotary [1] Cable [2] Augered [2] Driven [2] Dug [2] Other ___
Date of Completion 3-28-95

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
BROWN CLAY SOIL	0	3
BROWN SANDSTONE SHALE	3	18
BROWN SANDSTONE	18	32
GRAY LIMESTONE	32	38
RED LIMESTONE	38	39
GRAY LIMESTONE	39	98
DARK GRAY LIMESTONE	98	99
GRAY LIMESTONE	99	125
H2O ENCOUNTERED 90		

WELL TEST

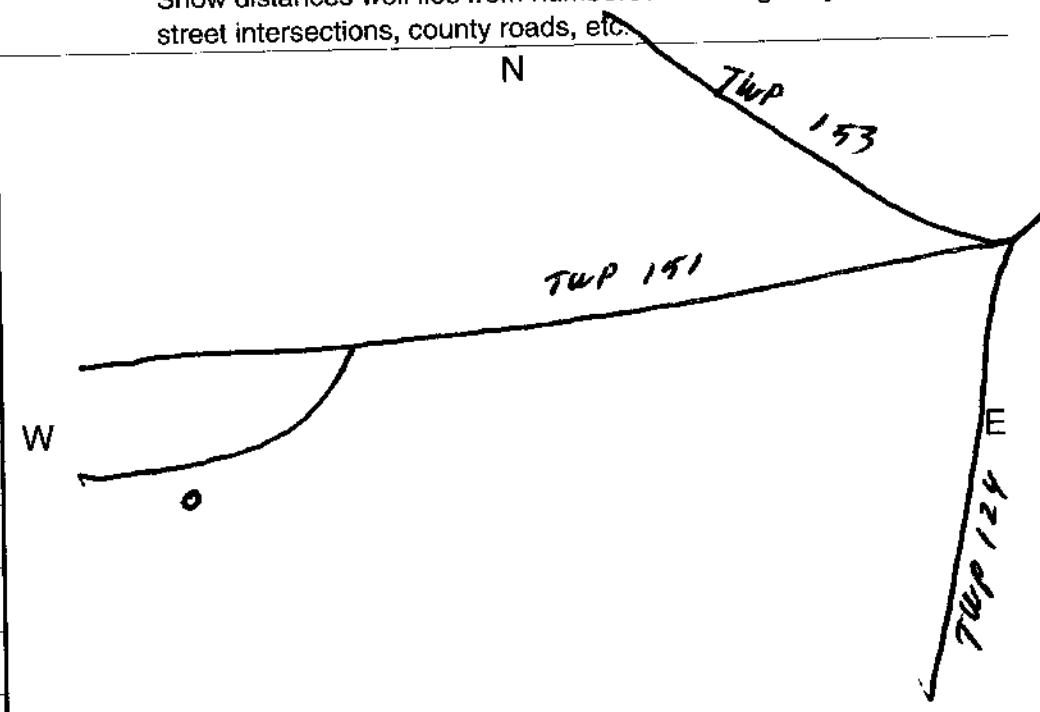
[1] Bailing [2] Pumping* [2] Other ___
Test rate 1 gpm Duration of test 24 hrs.
Drawdown 124 ft.
Measured from: [2] top of casing [1] ground level [2] Other ___
Static Level (depth to water) 51.5 ft. Date: 3-28-95
Quality (clear, cloudy, taste, odor) CLEAR NO TASTE NO ODOR
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of 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.

I hereby certify the information given is accurate and correct to the best of my knowledge.

Drilling Firm GREEN'S WELL DRILLING
Signed [signature]
Address 429 S MAIN ST
Date 3-30-95
City, State, Zip BETHESDA OHIO
ODH Registration Number 1572

5242

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