DNR 7802.94
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

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

800762

Permit Number 70

COUNTY Crawford TOWNSHIP Jefferson SECTION (Circle One) LOT No. 13

OWNER/BUILDER (Circle One or Both) MIKE LYONS (First Last) PROPERTY ADDRESS (Address of well location) 6385 (Number) CRESTLINE Rd (Street) GALION (City) Oh

LOCATION OF PROPERTY At Intersection of middletown AND CRESTLINE Rd CR 35 44833 (Zip Code + 4)

CONSTRUCTION DETAILS

CASING (Length below grade) Borehole Diameter 5 1/2 in.
[1] Diameter 5 in. Length 26 ft. Wall Thickness .275 in.
[2] Diameter ____ in. Length ____ ft. Wall Thickness ____ in.
Type: [X][2] Steel [1][2] Galv. [1][2] PVC [1][2] Other ____
Joints: [X][2] Threaded [1][2] Welded [1][2] Solvent [1][2] Other ____
Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN
Type (wire wrapped, louvered, etc.) ____ Material ____
Length ____ ft. Diameter ____ in. Slot ____
Set between ____ ft. and ____ ft.

GROUT GRANULAR
Material Bentonite Volume used 200 lb
Method of installation Poured down ANNULUS
Depth: placed from SURFACE 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 Residential
☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other
Date of Completion 11/22/95

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
Clay & GRAVEL	0	18
Soft GRAY SHALE	18	26
HARD " SHALE	26	48
G. SHALE & SANDSTONE STRINGER	48	60
GRay & Red SHALE	60	62
TD	62	

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

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other
Test rate 7 gpm Duration of test 1 1/2 hrs.
Drawdown 62 ft.
Measured from: ☐ top of casing ☒ ground level ☐ Other
Static Level (depth to water) 18 ft. Date: 11/14/95
Quality (clear, cloudy, taste, odor) NO odor

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

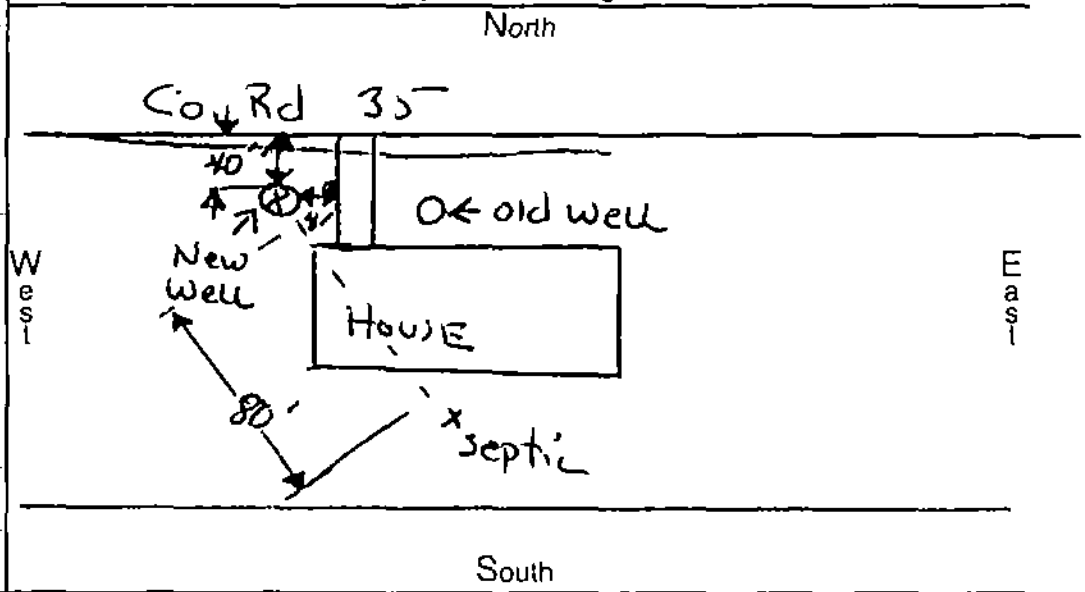
PUMP

Type of pump Deep Jet Capacity 4 gpm
Pump set at 56' ft.
Pump installed by Scott Woodworth

WELL LOCATION

Location of well in State Plane coordinates, if available:
Zone ____ x ____ y ____
Elevation of well ____ ft./m. Datum plain: ☐ NAD27 ☐ NAD83
Source of coordinates: ☐ GPS ☐ Survey ☐ Other

Sketch a map showing distance well lies from numbered state highways, street intersections, county roads, buildings or other notable landmarks.



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

Drilling Firm Woodworth Well Drlg
Address 845 Beardsley Rd
City, State, Zip Galion Ohio 44833
Signed Scott Woodworth
Date 11/21/95
ODH Registration Number 1456

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