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

803487

Permit Number 95-124

COUNTY MADISON TOWNSHIP PLEASANT SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) GARY STITES (First Last) PROPERTY ADDRESS (Address of well location) 11260 KINGSVILLE-PAKSTOWN RD (Number Street) LONDON (City) 43140 (Zip Code + 4)

LOCATION OF PROPERTY

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter ____ in.

[1] Diameter 5.58 in. Length* 275 ft. Wall Thickness 142 in.

[2] Diameter ____ in. Length* ____ ft. Wall Thickness ~~142~~ in.

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

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

Liner: Length 130 Type STEEL 4½ Wall Thickness 142 in.

SCREEN

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

Length ____ ft. Diameter ____ in.

Set between ____ ft. and ____ ft. Slot ____

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 HOUSE WELL

☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other

Date of Completion 2-24-96

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	
0	20	YELLOW CLAY
20	90	HARD PAN CLAY
90	100	SAND
100	210	HARD PAN
210	275	SAND
275	330	RED-BULE CLAY
330	370	LIMESTONE
370		WELL AT

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

WELL TEST

☐ Bailing ☒ Pumping* ☐ Other

Test rate 5.6PM gpm Duration of test 2HRS hrs.

Drawdown 120 FT ft.

Measured from: ☐ top of casing ☐ ground level ☐ Other

Static Level (depth to water) 46 ft. Date:

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 ____ ft.

Pump installed by ____

WELL LOCATION

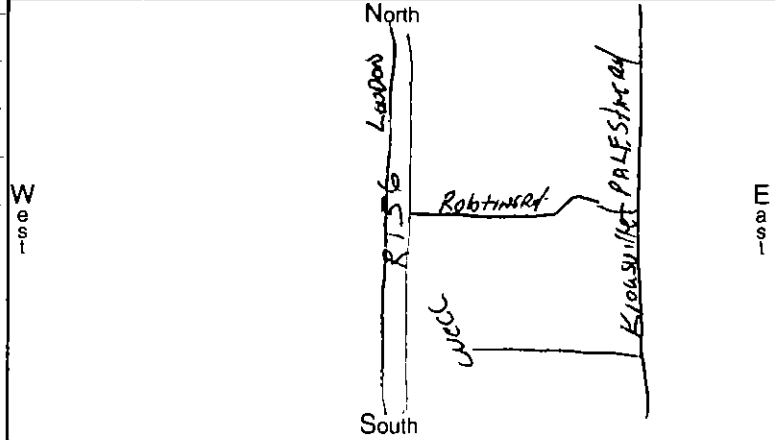
Location of well in State Plane coordinates, if available:

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.



Drilling Firm UNDERHILL'S Water Service

Address 1789 Itawamba Trail N.W.

City, State, Zip London, Ohio 43140

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

Signed Underhill

Date 2-24-96

ODH Registration Number 1794

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