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

805115

Permit Number 237

COUNTY MIAMI TOWNSHIP CONCORD SECTION/LOT No. 36 (Circle One)

OWNER/BUILDER (Circle One or Both) KURT WEIKERT (First Last) PROPERTY ADDRESS (Address of well location) 1960 (Number) NASHVILLE RD (Street) TROY (City)

LOCATION OF PROPERTY N. W. COR. NASHVILLE & SWAILES RD. INTERSECTION 45373 (Zip Code + 4)

CONSTRUCTION DETAILS

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

[1] Diameter 5 5/8 in. Length* 77 ft. Wall Thickness .156 in.

[2] ~~Diameter ____ in. Length 60 ft.~~ Wall Thickness ____ in.

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

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

Liner: Length 60 Type PVC Wall Thickness 4 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 [X] Adapter [ ] Preassembled unit

Use of Well SINGLE FAM. RES

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

Date of Completion 30 DEC 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
TOP SOIL	0	1
DRY GRVL	1	3
BLUE CLAY	3	30
BROWN CLAY & GRVL MIX	30	75
MIXED SAND & GRVL (WATER BEARING)	75	76
SOFT BLUE SHALE	76	123

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

WELL TEST

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

Test rate 6 gpm Duration of test 2 hrs.

Drawdown TOTAL CAPACITY ft.

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

Static Level (depth to water) 29 ft. Date: 30 DEC 94

Quality (clear, cloudy, taste, odor) ____

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

PUMP

Type of pump SUB Capacity 12 gpm

Pump set at 110 ft.

Pump installed by STOLTZ WELL DRLG

WELL LOCATION

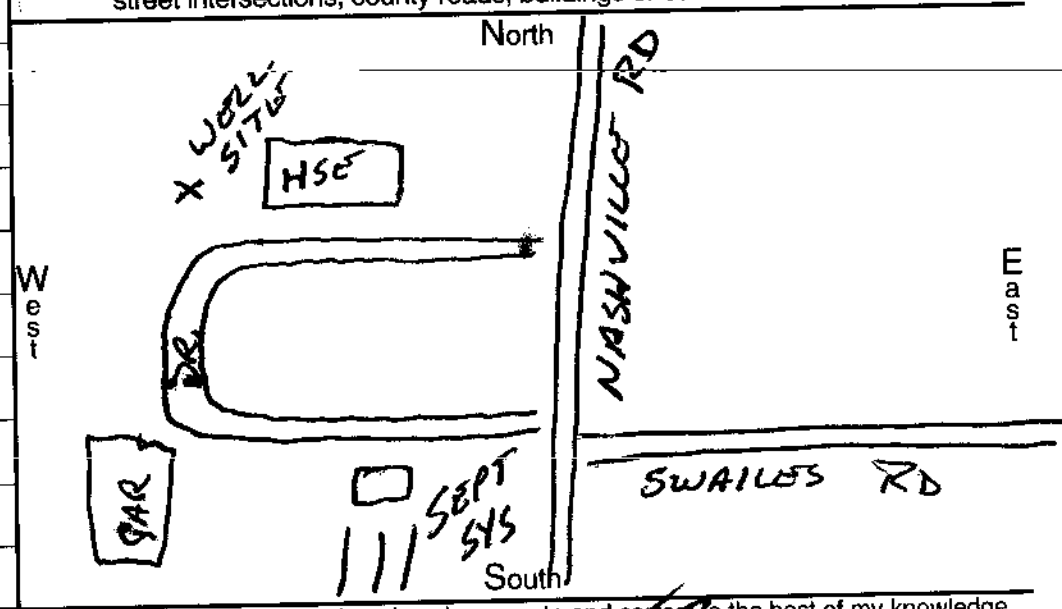
Location of well in State Plane coordinates, if available:

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.

Signed Craig R. Stoltz

Date 30 DEC 94

ODH Registration Number 1864

Drilling Firm STOLTZ WELL DRILLING
Address 4004 W. ST. RT. 41
City, State, Zip TROY, OHIO 45373

5559

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