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

811067

Permit Number Dairy Barn

COUNTY Franklin TOWNSHIP Madison Bixby SECTION/LOT No.
(Circle One)

OWNER/BUILDER (Circle One or Both) First Dale Last Schaaf PROPERTY ADDRESS (Address of well location) 5681 Number Bixby Rd Street Camp Winchester City 43110 Zip Code + 4

LOCATION OF PROPERTY 5681 Bixby Rd R733 + Bixby Rd.

CONSTRUCTION DETAILS

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

[1] Diameter 5 in. Length* 37 ft. Wall Thickness .219 in.
[2] Diameter ____ in. Length* ____ ft. Wall Thickness ____ in.

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

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

Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN Y Hole 1 ft Lg.
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 [1] Adapter ☐ Preassembled unit
Use of Well Barn
☐ Rotary [1] Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other ____
Date of Completion 11-9-95

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	
0	24	Yellow Clay + Gravel
24	26	Blue " + "
26	35	Gravel

RECEIVED

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

WELL TEST

☐ Bailing [1] Pumping* ☐ Other ____
Test rate 15 gpm Duration of test ____ hrs.
Drawdown 3 ft ____ ft.
Measured from: [1] top of casing ☐ ground level ☐ Other ____
Static Level (depth to water) 18 ft. Date: 11-9-95
Quality (clear, cloudy, taste, odor) ____

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

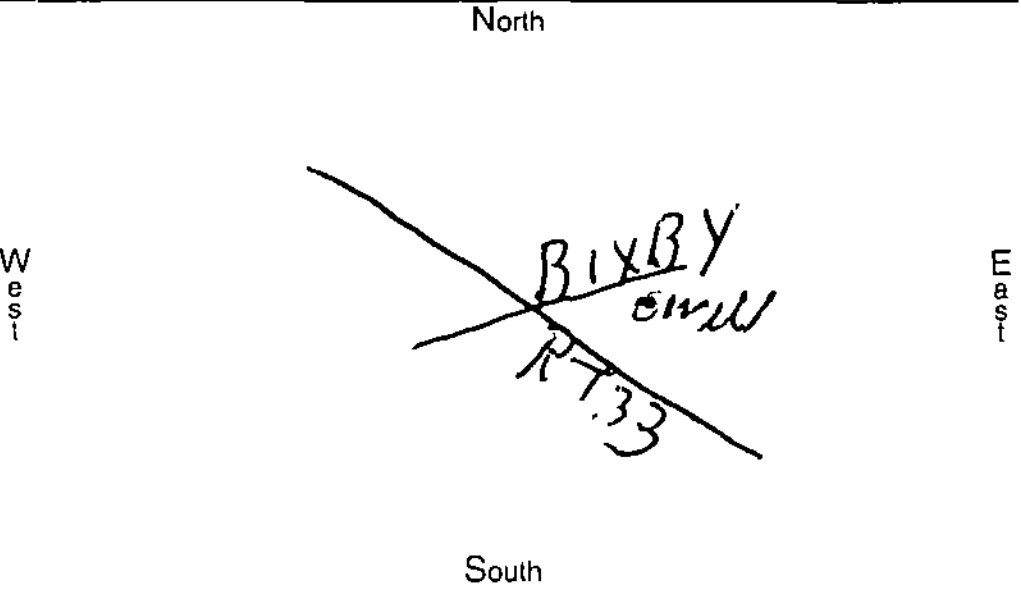
PUMP

Type of pump Submersible Capacity 12 gpm
Pump set at 32 ft.
Pump installed by Short Drilling

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 Short Drilling
Address Box [illegible]
City, State, Zip Lithopolis, OH 43136

I hereby certify the information given is accurate and correct to the best of my knowledge.
Signed Kenneth Short
Date 11-9-95
ODH Registration Number 107

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