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

811674

Permit Number 116

COUNTY Miami TOWNSHIP Elizabeth SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Sutherly Brothers (First Last) PROPERTY ADDRESS (Address of well location) 6700 St. Rt. 41 Troy, OH (Number Street City)

LOCATION OF PROPERTY 1/8 mile east of 201 south side Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 5 5/8 in.

[1] Diameter 5 5/8 in. Length* 27 ft. Wall Thickness 142 in.

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

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

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

Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN

Type (wire wrapped, louvered, etc.) none Material ____

Length ____ ft. Diameter ____ in. Slot ____

Set between ____ ft. and ____ ft.

GROUT

Material Ben Seal Volume used 250#

Method of installation pressure grout

Depth: placed from 0 ft. to 27 ft.

GRAVEL PACK (Filter Pack)

Material none Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

Pitless Device [X] Adapter [ ] Preassembled unit

Use of Well home

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

Date of Completion 7-25-95

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
Yellow clay	0	12
dry gravel	12	18
boulders	18	19
water gravel	19	20
gray limestone	20	47
blue shale	47	49
gray limestone	49	58
white limestone	58	87
Reamed 8" to 27 ft and pressure grouted		

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WELL REG. SECTION

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

WELL TEST

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

Test rate 20 gpm Duration of test 1 hrs.

Drawdown 30 ft.

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

Static Level (depth to water) 6 ft. Date: 7-25-95

Quality (clear, cloudy, taste, odor) clear some sulpher

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

PUMP

Type of pump submergible Capacity 13 gpm

Pump set at 60 ft.

Pump installed by owner

WELL LOCATION

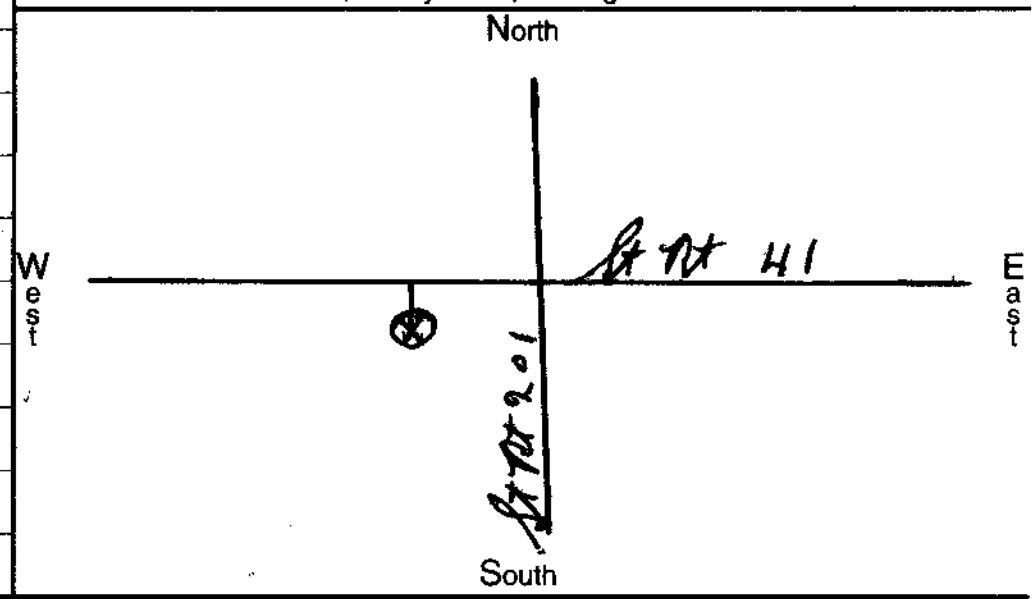
Location of well in State Plane coordinates, if available:

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 W.U. Scott Co.

Signed W. U. Scott CWP/PI

Address 11534 Peters Pike

Date 7-25-95

City, State, Zip Tipp City, OH 45371

ODH Registration Number 257

1644

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