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

811678

Permit Number 4365

COUNTY Clark TOWNSHIP Bethel SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) George A. Hobe (First Last) PROPERTY ADDRESS (Address of well location) 12346 Milton Carlisle Rd. (Number Street City)

LOCATION OF PROPERTY 12346 Milton Carlisle Rd. Zip Code + 4

CONSTRUCTION DETAILS

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

1 Diameter 5 5/8 in. Length* 109 ft. Wall Thickness 142 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

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

Length ____ ft. Diameter ____ in.

Set between ____ ft. and ____ ft. Slot ____

GROUT

Material Ben Seal Volume used 100#

Method of installation dry pour

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 ☒ Adapter ☐ Preassembled unit

Use of Well ____

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

Date of Completion 8-25-95

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
dry gravel	0	29
yellow water gravel	29	42
blue water gravel	42	59
hardpan soft	59	105
coarse water gravel	105	109

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DEPT. NAT. RESOURCES
DIV. OF WATER

*(If additional space is needed to complete log, use text-addendum or consecutively numbered form.)

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other ____

Test rate 30 gpm Duration of test 1 hrs.

Drawdown 1 ft.

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

Static Level (depth to water) 24 ft. Date: 8-25-95

Quality (clear, cloudy, taste, odor) clear

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

PUMP

Type of pump submergible Capacity 10 gpm

Pump set at 70 ft.

Pump installed by W.U. Scott Co.

WELL LOCATION

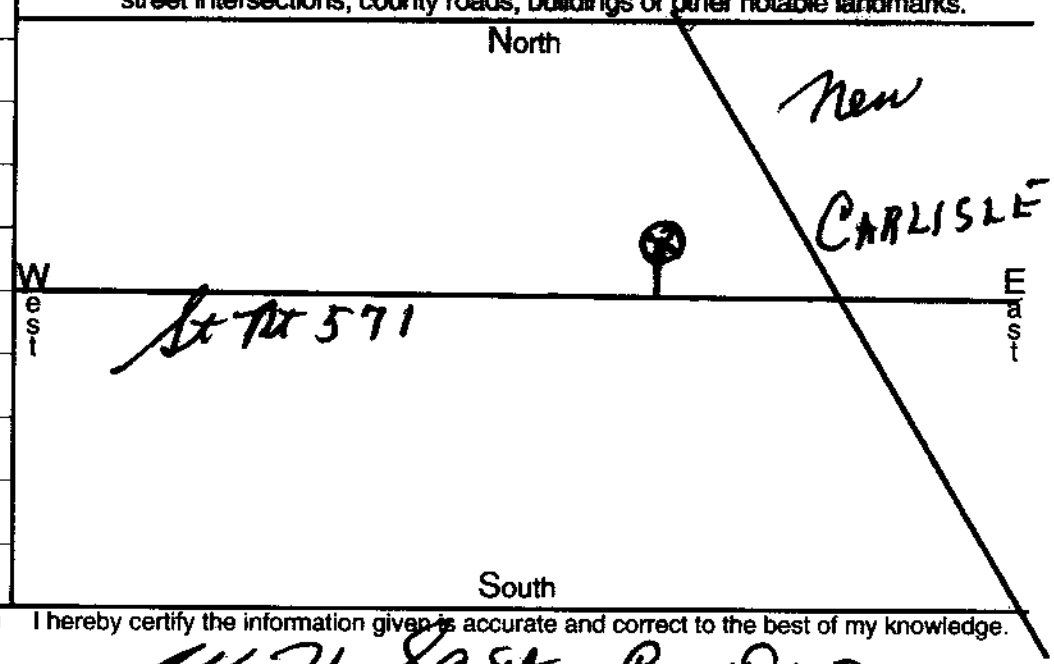
Location of well in State Plane coordinates, if available:

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 Corp/Pres

Address 11534 Peters Pike

Date 8-25-95

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