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

811720

Permit Number GEOTHERMAL

COUNTY FAIRFIELD TOWNSHIP RUSH CREEK SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) DONALD (First) SCOTT (Last) PROPERTY ADDRESS (Address of well location) 1500 (Number) OLD RUSHVILLE RD. (Street) RUSHVILLE (City) OH

LOCATION OF PROPERTY 3 MILE SOUTH EAST OF RUSHVILLE 43105 (Zip Code + 4)

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 9 in.

[1] Diameter 6 in. Length* 80 ft. Wall Thickness ____ in.

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

Type: [1] [2] Steel [1] [2] Galv. [X] [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.) ____ Material ____

Length ____ ft. Diameter ____ in. Set between ____ ft. and ____ ft. Slot ____

GROUT

Material BENSEAL Volume used 150 ##

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 ____

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

Date of Completion ____

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
BROWN BROKEN SHALE	0	70
GRAY SHALE	70	95
GRAY SANDY SHALE	95	104
BROWN SHALE	104	106
GRAY SHALE	106	148
WHITE SAND STONE	148	170
GRAY SHALE	170	208
WHITE SAND	208	215
SOFT LIME STONE	215	235

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

WELL TEST

☐ Bailing [X] Pumping* ☐ Other ____

Test rate 10 gpm Duration of test 2 hrs.

Drawdown ____ ft.

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

Static Level (depth to water) 104 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

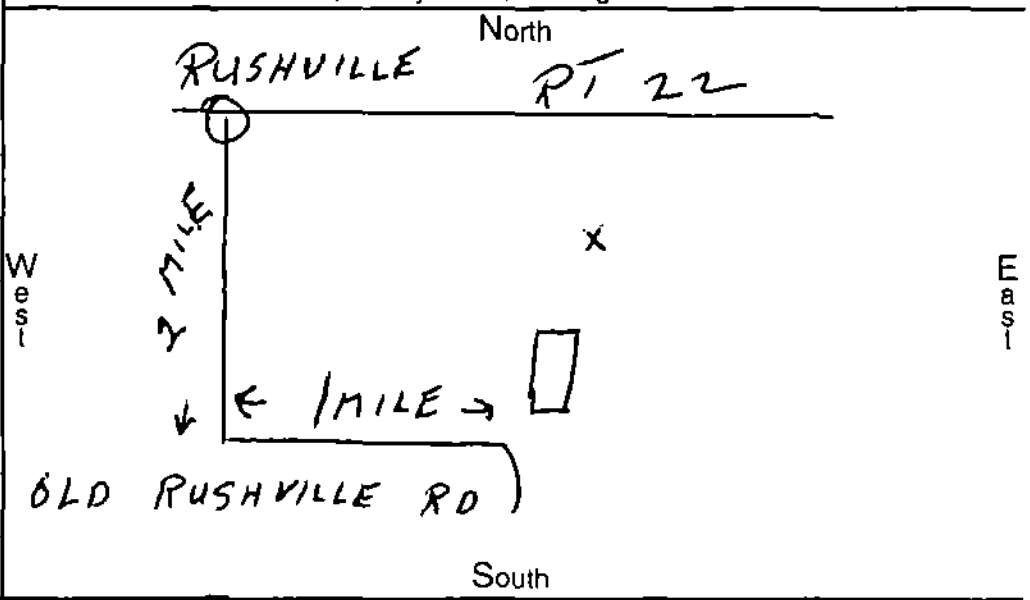
Location of well in State Plane coordinates, if available:

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.



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

Drilling Firm McGEE DRILLING

Signed [signature]

Address 3340 ZANESVILLE PIKE

Date 9/7/96

City, State, Zip ZANESVILLE OHIO

ODH Registration Number 947

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