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

812049

Permit Number 325181

COUNTY Muskingum TOWNSHIP Muskingum SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Doug Shirer (First / Last) PROPERTY ADDRESS (Address of well location) 8115 (Number) Slate Ridge Rd. (Street) Dresden (City) Oh. 43821 (Zip Code +4)

LOCATION OF PROPERTY Off North 60 onto Slate Ridge Rd.

CONSTRUCTION DETAILS

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

[1] Diameter 7 in. Length* 25 ft. Wall Thickness ____ in.

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

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

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

Liner: Length 145 Type plastic Wall Thickness ____ in.

SCREEN

Type (wire wrapped, louvered, etc.) ____ Material ____

Length ____ ft. Diameter ____ in.

Set between ____ ft. and ____ ft. Slot ____

GROUT

Material Cement Volume used 350 lbs

Method of installation hand mixed

Depth: placed from 25 ft. to surface 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 domestic

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

Date of Completion 9-2-02

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	5
Shale	5	27
Sandy Shale	27	50
Lime	50	52
Shale	52	70
Sand	70	85
Sandy Shale	85	100
Lime	120	130
Shale	130	140
	154	

WELL TEST

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

Test rate 12 gpm Duration of test 8 hrs.

Drawdown 145 ft. ft.

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

Static Level (depth to water) 75 ft. Date: 9-2-02

Quality (clear, cloudy, taste, odor) clear

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

PUMP

Type of pump Aeromotor Capacity 12 gpm

Pump set at 151 ft.

Pump installed by Alexander Water Drilling

WELL LOCATION

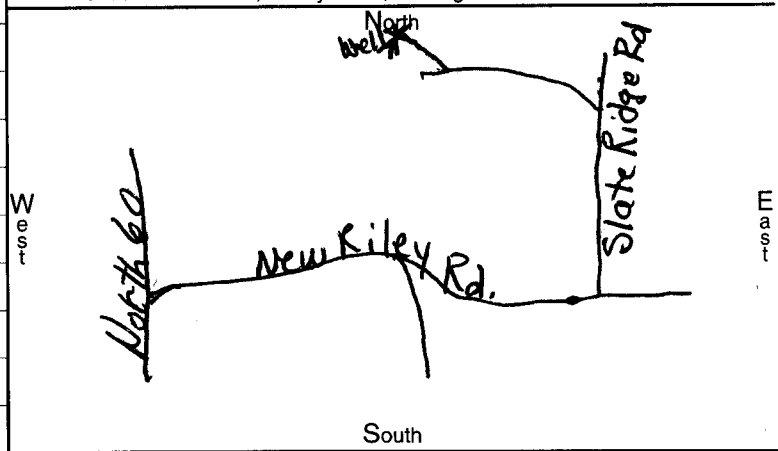
Location of well in State Plane coordinates, if available:

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.



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

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

Drilling Firm Alexander Water Drilling

Signed Ernest Alexander Jr.

Address 2140 Greenhouse Rd.

Date 9-2-02

City, State, Zip Zanesville, Ohio 43701

ODH Registration Number 01633

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