12" 90' 0

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

812685

Permit Number 12477

COUNTY Ross TOWNSHIP Paxton SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Juanita (First) Smith (Last) PROPERTY ADDRESS (Address of well location) 1546 (Number) SR 41 (Street) Bainbridge (City)

LOCATION OF PROPERTY 1546 SR 41 Bainbridge Ohio 45612 (Zip Code + 4)

CONSTRUCTION DETAILS

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

[1] Diameter 6 in. Length* 31.5 ft. Wall Thickness .144 in.

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

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

Joints: [1] Threaded [2] Welded [1] Solvent [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 Bensea l Volume used 6 bgs

Method of installation pour around casing

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 ____

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

Date of Completion 8/27/95

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
Soil & Sub Soil	0	3
yellow clay	3	18
Soft dark Shale	18	26
Hard med Shale	26	48
Med Dark Shale	48	162
Sandy Light Shale	162	184
Dark Shale	184	220
water 98'		

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

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other ____

Test rate 1/3 gpm Duration of test 1/2 hrs.

Drawdown 220 ft.

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

Static Level (depth to water) 130 ft. Date: 3-25-95

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

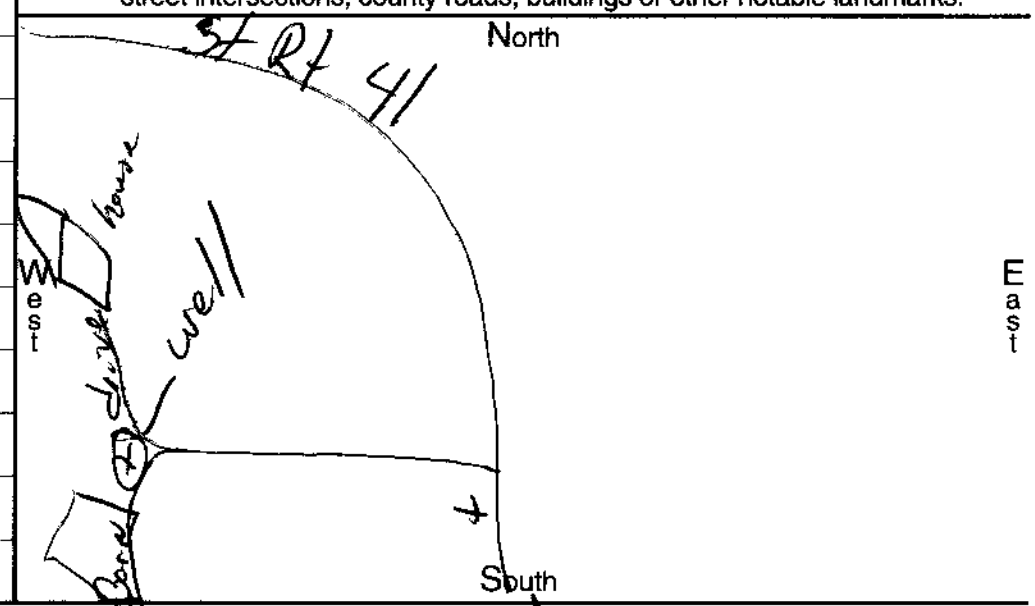
Location of well in State Plane coordinates, if available:

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 Edwards & Son Drilling

Signed Kimberly Hoff

Address P.O. Box 833

Date 9/2/95

City, State, Zip Circleville, Ohio 43113

ODH Registration Number 2301

7144

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