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

812758

Permit Number 95-454

COUNTY FAIRFIELD TOWNSHIP VIOLET SECTION/LOT No. (Circle One) 26

OWNER/BUILDER (Circle One or Both) DAVID L. WHITE (First Last) PROPERTY ADDRESS (Address of well location) 7709 ALLEN Rd. N.W. (Number Street) CANAL WINCHESTER, OH (City) 43110 (Zip Code + 4)

LOCATION OF PROPERTY

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 5 1/2 in.

[1] Diameter 5 in. Length* 198 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 ____ Type ____ Wall Thickness ____ in.

SCREEN

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

Length ____ ft. Diameter ____ in.

Set between ____ ft. and ____ ft. Slot ____

GROUT

Material FIRECLAY Volume used 80 LBS

Method of installation Dumped

Depth: placed from ____ ft. to ____ ft.

GRAVEL PACK (Filter Pack)

Material N/A Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

Pitless Device [X] Adapter [ ] Preassembled unit

Use of Well SINGLE FAMILY DWELLING

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

Date of Completion 3-16-96

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	1
GRAY CLAY	1	20
BLACK SAND	20	71
GRAY CLAY WITH SAND	71	160
GRAVEL / WATER	160	196
WATER	196	198

WELL TEST

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

Test rate 10 gpm Duration of test 1 hrs.

Drawdown 38 ft.

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

Static Level (depth to water) 31 ft. Date: 3-16-96

Quality (clear, cloudy, taste, odor)

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

PUMP

Type of pump 34 Red Jacket Capacity 10 gpm

Pump set at 165 ft.

Pump installed by LARRY BEVARD

WELL LOCATION

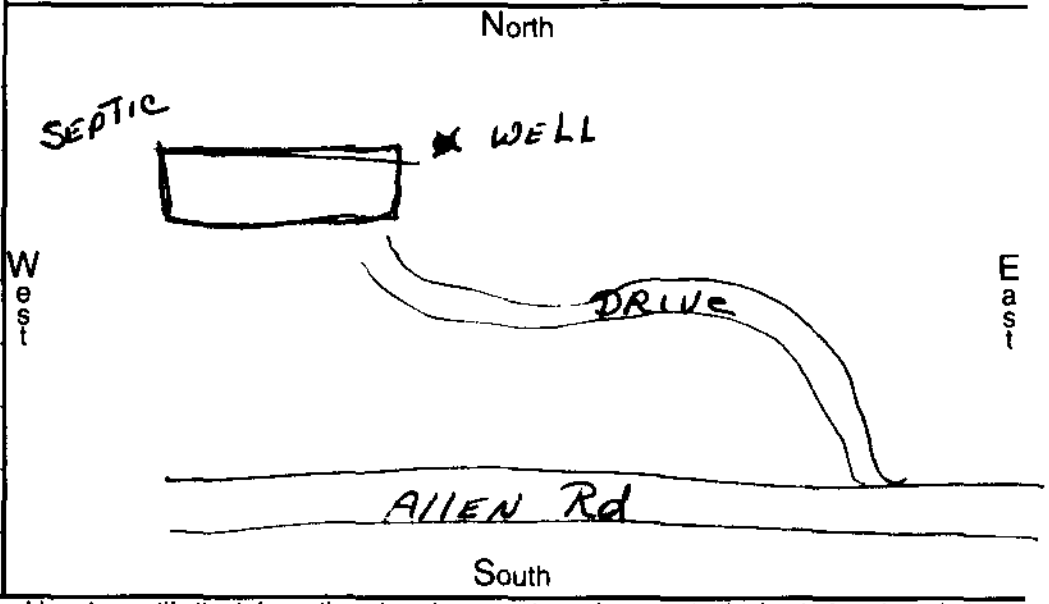
Location of well in State Plane coordinates, if available:

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 LARRY BEVARD WELL DRILLING

Signed Larry Bevard

Address 4980 CHESTNUT HILLS Rd

Date March 16, 1996

City, State, Zip NEWARK, OHIO 43055

ODH Registration Number 1233

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