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

812759

Permit Number 2790

COUNTY LICKING TOWNSHIP LICKING SECTION/LOT No. _____ (Circle One)

OWNER/BUILDER (Circle One or Both) KIP (First) BERGER (Last) PROPERTY ADDRESS (Address of well location) 110 (Number) DEERTRAIL Rd. (Street) THORNVILLE (City) 43076 (Zip Code + 4)

LOCATION OF PROPERTY OFF RT. 90 - SUMERSET RD. ON DOGWOOD

CONSTRUCTION DETAILS

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

[1] Diameter 5 in. Length* 235 ft. Wall Thickness .243 in.

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

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

Joints: [1] [X] 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 _____

Depth: placed from _____ ft. to _____ 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 SINGLE FAMILY DWELLING

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

Date of Completion Aug. 6, 1995

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	1	4
GRAVEL	4	70
BLACK SAND	70	110
GRAVEL	110	127
BLACK SAND	127	128
GREY CLAY	128	136
SAND STONE	136	141
GREY	141	191
BIG ENGINE	191	215
BREAK (GREY CLAY)	215	220
WATER & SAND	220	225
GRAVEL & WATER	225	235
GRAVEL & WATER	235	

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

WELL TEST

[X] Bailing [ ] Pumping* [ ] Other _____

Test rate 20 gpm Duration of test 1 hrs.

Drawdown ~~43~~ 52 ft.

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

Static Level (depth to water) 43 ft. Date: 8-6-95

Quality (clear, cloudy, taste, odor) _____

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

PUMP

Type of pump Red Jacket Capacity 10 gpm

Pump set at 100 ft.

Pump installed by Larry Beard

WELL LOCATION

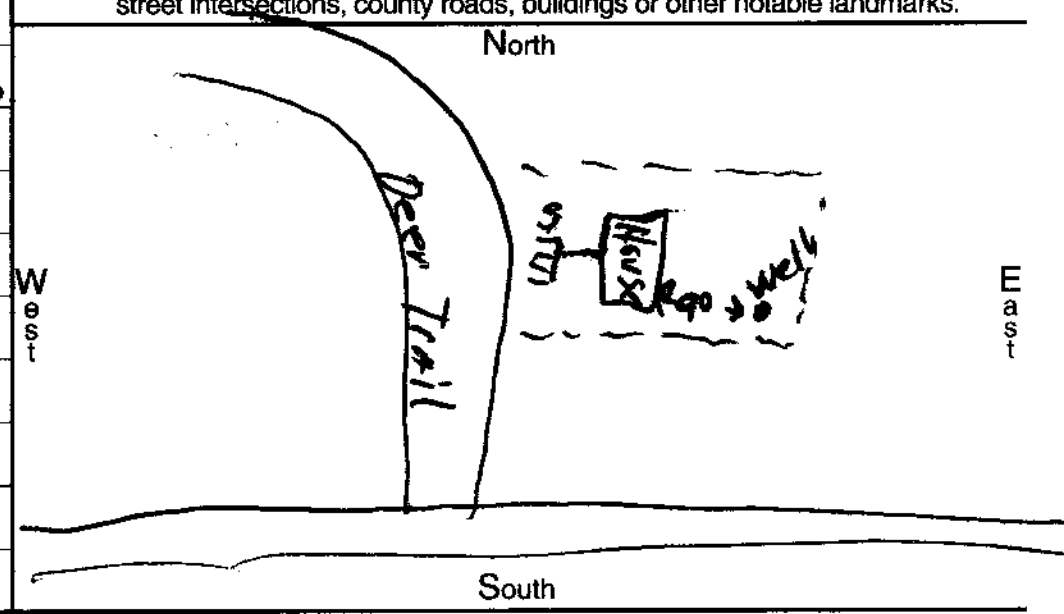
Location of well in State Plane coordinates, if available:

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.



Drilling Firm Larry Beard Water Well Drilling

Address 4980 Chestnut Hills Rd.

City, State, Zip Newark, Ohio 43055

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

Signed Larry Beard

Date Feb. 1, 1996

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.

5057 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