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

815972

Permit Number 96-50

COUNTY MADISON TOWNSHIP PLEASNAT SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) JENNIFER PEMBERTON (First Last) PROPERTY ADDRESS (Address of well location) 13931 (Number) RENICK RD (Street) ORIENT (City) 43146 (Zip Code + 4)

LOCATION OF PROPERTY 15805 DIXIE AVE. MT STERLING, OHIO 43143

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 8 in.

[1] Diameter 5 in. Length* 100 ft. Wall Thickness 1/4 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] [X] [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 BENTONITE Volume used 100 LBS

Method of installation POURED

Depth: placed from 100 ft. to TOP 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 PRIVATE

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

Date of Completion 10-7-96

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
CLAY AND GRAVEL	0	95
LIMESTONE	95	110

WELL TEST

[ ] Bailing [ ] Pumping* [X] Other AIR

Test rate 20 gpm Duration of test 3 hrs.

Drawdown 3 ft.

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

Static Level (depth to water) 40 ft. Date: 10-7-96

Quality (clear, cloudy, taste, odor) CLEAR AND CLEAN

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

PUMP

Type of pump SUBMERSIBLE Capacity 12 gpm

Pump set at 80 ft.

Pump installed by GARNES WATER WELLS

WELL LOCATION

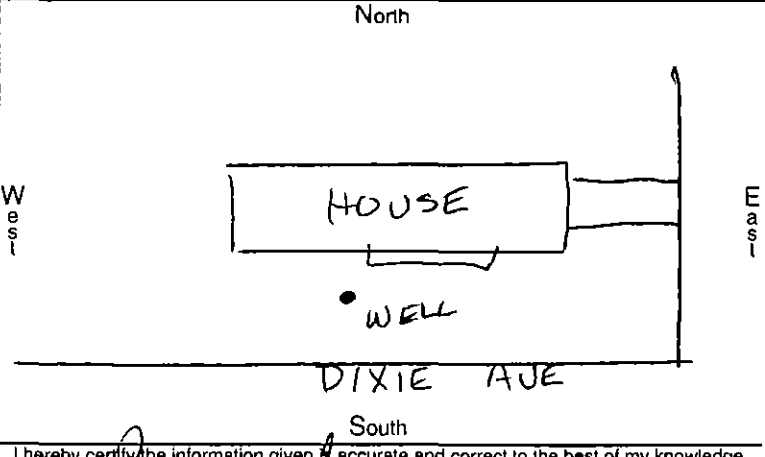
Location of well in State Plane coordinates, if available:

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 GARNES WATER WELLS

Signed Rebecca Garnes

Address 15790 ST RT 56 WEST

Date 10-13-96

City, State, Zip MT STERLING, OHIO 43143

ODH Registration Number 1656

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