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

820972

Permit Number 81-95

COUNTY Knox TOWNSHIP Morgan SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Phillip (First) Stalling (Last)

PROPERTY ADDRESS (Address of well location) 1669 (Number) DeGolt Rd (Street) Utica (City)

LOCATION OF PROPERTY Same 43056 (Zip Code + 4)

CONSTRUCTION DETAILS

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

[1] Diameter 5 in. Length 120 ft. Wall Thickness .258 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 ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

GRAVEL PACK (Filter Pack)

Material Lime stone Volume used 10 Gallon

Method of installation poured in

Depth: placed from 120 ft. to 110 ft.

Pitless Device [X] Adapter ☐ Preassembled unit

Use of Well Single Family Dwelling

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

Date of Completion May 20, 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
Topsoil	0	5
Gray Clay	5	35
Gray Shale	35	109
Brown Sand stone - Water	109	120

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

WELL TEST

[X] Bailing ☐ Pumping* ☐ Other

Test rate 12 gpm Duration of test 2 hrs.

Drawdown 85 ft.

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

Static Level (depth to water) 50 ft. Date: 5-20-95

Quality (clear, cloudy, taste, odor) clear

*(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 Owner

WELL LOCATION

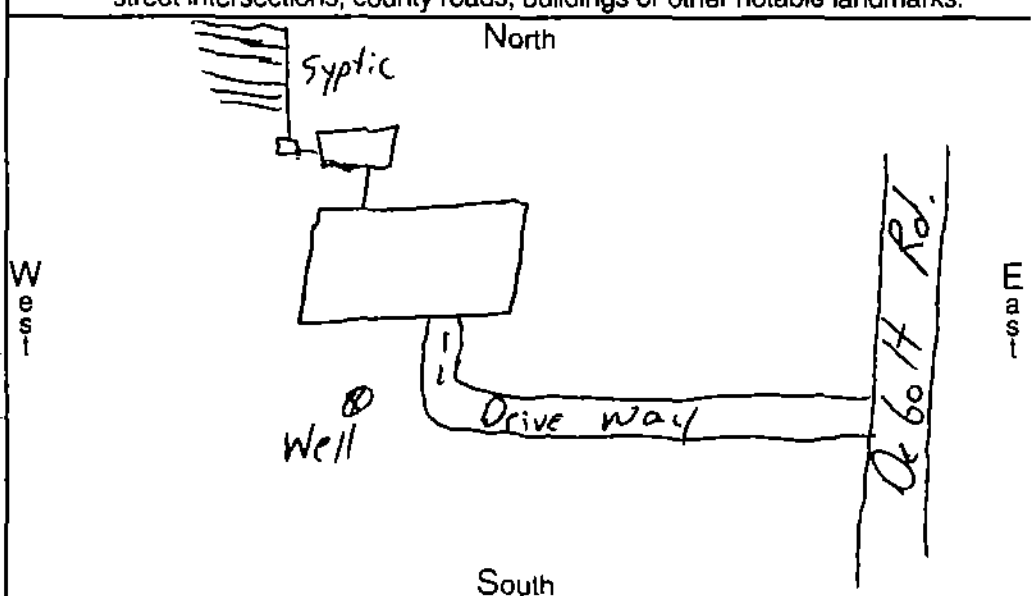
Location of well in State Plane coordinates, if available:

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 LARRY BEVARD WELL DRILLING Signed Larry Bevard

Address 4980 CHESTNUT HILLS Rd Date 3-26-96

State, Zip NEWARK, OH. 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