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
Page 1 of 1

821255

Permit Number 95-75

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

OWNER/BUILDER (Circle One or Both) AG SERVICES (First / Last) PROPERTY ADDRESS (Address of well location) 6670 HARROLD RD. OH (Number / Street / City)

LOCATION OF PROPERTY 1 MILE E. OF ST. RT. 41 ON HARROL D RD. (NORTHSIDE) Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 7 7/8 in.

[1] Diameter 5 1/2 in. Length* 168 ft. Wall Thickness SDR17 in.

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

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

Joints: [1] Threaded [1] Welded [XXX] [1] 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 BENSEAL Volume used 200

Method of installation TREME

Depth: placed from 168 ft. to SURFA ft.

GRAVEL PACK (Filter Pack)

Material ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

Pitless Device [XX] Adapter ☐ Preassembled unit

Use of Well DOMESTIC

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

Date of Completion 08/01/95

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
RED CLAY	0	7
BLUE CLAY	7	165
TAN LIMESTONE	165	220

WELL TEST

☐ Bailing ☐ Pumping* ☐ Other AIR

Test rate 15 gpm Duration of test 1 hrs.

Drawdown 0 ft.

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

Static Level (depth to water) 41 ft. Date: 08/01/95

Quality (clear, cloudy, taste, odor) CLEAR

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

PUMP

Type of pump SUBMERSIBLE Capacity 0 gpm

Pump set at 0 ft.

Pump installed by DELANEY PLUMBING

WELL LOCATION

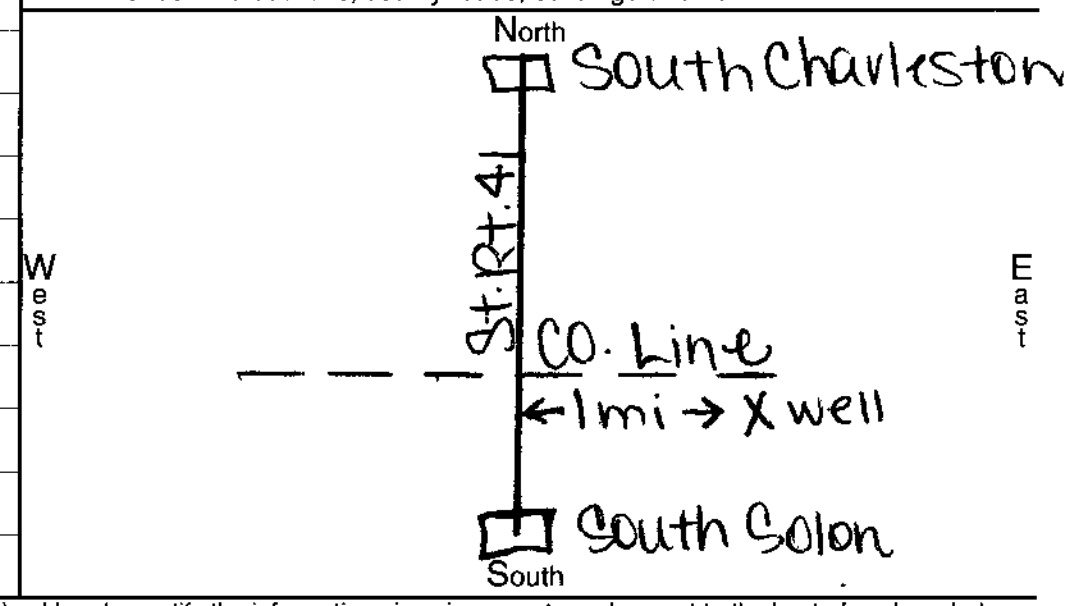
Location of well in State Plane coordinates, if available:

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 EATON WELL DRILLING

Signed Jennifer Hughes

Address 8800 North Rt. 68

Date 08/01/95

City, State, Zip West Liberty, OH 43357

ODH Registration Number 41

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

5 7 3 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