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

825957

Permit Number 015-96

COUNTY Sandusky TOWNSHIP Green Creek SECTION/LOT No.

OWNER/BUILDER (Circle One or Both) James Woodruff (First / Last) PROPERTY ADDRESS (Address of well location) 3222 (Number) Co. Rd. 223 (Street) Clyde (City) 43410 (Zip Code + 4)

LOCATION OF PROPERTY

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 8 3/4 in.

[1] Diameter 5 3/8 in. Length* 71 1/2 ft. Wall Thickness .142 in.

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

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

Joints: [1] Threaded [2] Welded [1] Solvent [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 250#

Method of installation

Depth: placed from 71 1/2 ft. to 0 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 home

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

Date of Completion 2/22/96

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
Yellow Clay	0	16
Blue Clay	16	39
Blue Clay + Gravel	39	70
Soft Limestone	70	75

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

WELL TEST

[ ] Bailing [ ] Pumping* [X] Other 9 in

Test rate 7 gpm Duration of test 1 hrs.

Drawdown 75 ft.

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

Static Level (depth to water) +2' ft. Date: 2/22/96

Quality (clear, cloudy, taste, odor) good

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

PUMP

Type of pump Goulds Capacity 10 gpm

Pump set at 70 ft.

Pump installed by Tibboles Well Drilling Inc.

WELL LOCATION

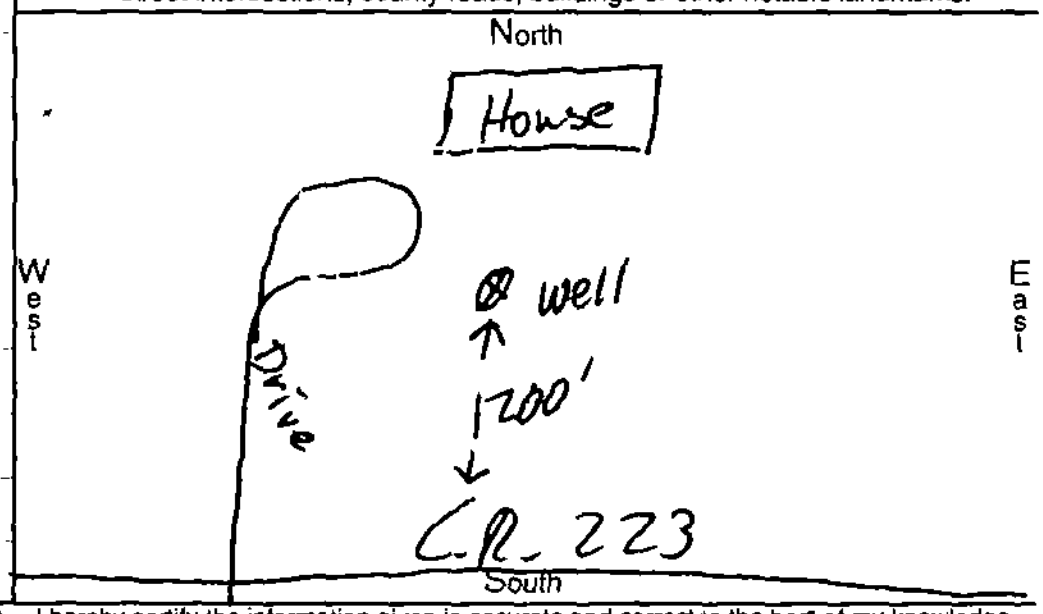
Location of well in State Plane coordinates, if available:

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 TIBBOLES WELL DRILLING, INC.

Address 8377 No. St. Rt. 18

City, State, Zip RR 3 Bellevue, Ohio 44811

Signed

Date 3/1/96

ODH Registration Number 321

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