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

827704

Permit Number 95-153

COUNTY Pickaway TOWNSHIP Scioto SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Gary First Baas Last PROPERTY ADDRESS (Address of well location) 3885 Number St Rt 316 Street Ashville City 43103 Zip Code + 4

LOCATION OF PROPERTY

CONSTRUCTION DETAILS

CASING *(Length below grade)* Borehole Diameter 7 7/8 in.
[1] Diameter 5 in. Length* 80 ft. Wall Thickness ____ in.
[2] Diameter ____ in. Length* ____ ft. Wall Thickness ____ in.
Type: [1] Steel [1] Galv. [2] PVC [1] [2] Other
Joints: [1] [2] Threaded [1] [2] Welded [2] Solvent [1] [2] Other
Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN
Type (wire wrapped, louvered, etc.) ____ Material PVC
Length 3 ft. Diameter 5 in.
Set between 77 ft. and 80 ft. Slot 25

GROUT
Material Bentonite Volume used 3
Method of installation ____
Depth: placed from ____ ft. to ____ ft.

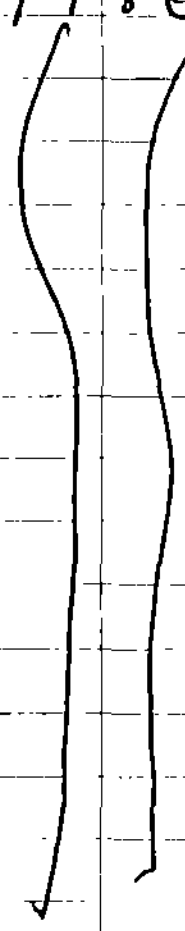
GRAVEL PACK (Filter Pack)
Material ____ Volume used ____
Method of installation ____
Depth: placed from ____ ft. to ____ ft.

Pitless Device ☐ Adapter ☐ Preassembled unit
Use of Well
[1] Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other
Date of Completion 10-05-95

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
yellow clay	0	12
gray clay	12	35
sand & gravel	35	48
gray	48	77
sand & gravel + H_2O	77	80



WELL TEST

X [1] Bailing ☐ Pumping* ☐ Other
Test rate 10 gpm Duration of test ____ hrs.
Drawdown 0 ft.
Measured from: [1] top of casing ☐ ground level ☐ Other
Static Level (depth to water) 45 ft. *Date:* ____
Quality (clear, cloudy, taste, odor) clear

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

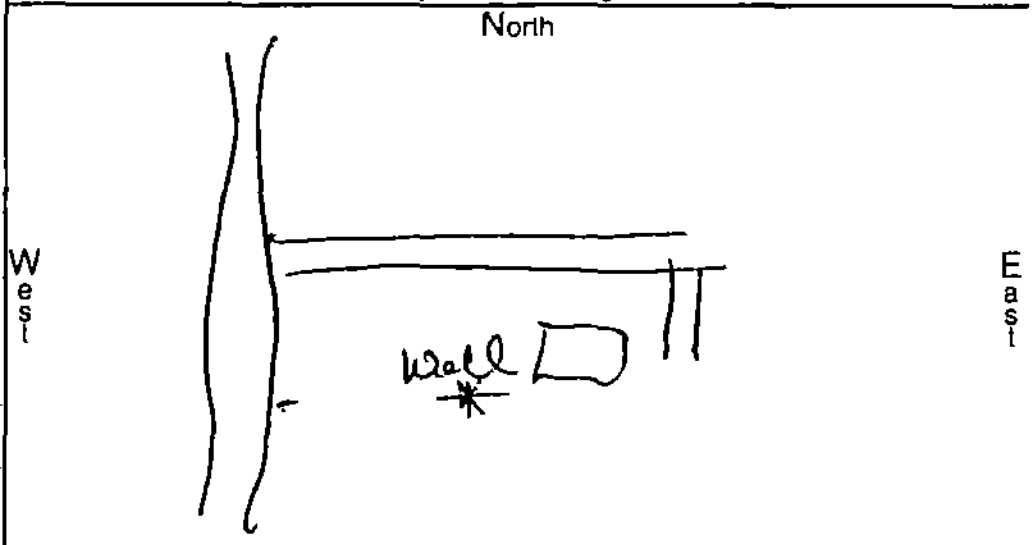
PUMP

Type of pump submersible Capacity 10 gpm
Pump set at 73 ft.
Pump installed by AWD, 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.



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

Drilling Firm AGUA WELL DRILLING, INC
Address PO Box 213
City, State, Zip GROVE CITY OH 43123

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

Signed Mich E Edmond
Date 10-05-95
ODH Registration Number 1643

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