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

828478

Permit Number _____

COUNTY LICKING TOWNSHIP JERSEY SECTION/LOT No. _____

OWNER/BUILDER (Circle One or Both) BARBARA (First) COLLIER (Last) PROPERTY ADDRESS (Address of well location) 12190 (Number) Jug St. Rd (Street) Johnstown (City) 43054 (Zip Code + 4)

LOCATION OF PROPERTY N. Side of Jug St. West of Mink St

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 5½ in.

[1] Diameter 5½ in. Length* 186 ft. Wall Thickness .214 in.

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

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

Joints: [1] [2] Threaded [1] [2] Welded [1] [2] Solvent [1] [2] Other _____

Liner: Length _____ Type _____ Wall Thickness _____ in.

SCREEN

Type (wire wrapped, louvered, etc.) _____ Material Steel

Length 2. ft. Diameter 5½ in.

Set between 181 ft. and 183 ft. Slot .4"

GROUT

Material _____ Volume used _____

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 [X] Adapter [ ] Preassembled unit

Use of Well [ ] Rotary [X] Cable [ ] Augered [X] Driven [ ] Dug [ ] Other _____

Date of Completion _____

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	
0	10	Yellow Clay
10	30	Blue Clay
30	175	Clay + Gravel
175	185	Sand & Gravel.
185	186	Clay
		Water At 180.

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

WELL TEST

[X] Bailing [ ] Pumping* [ ] Other _____

Test rate 6 gpm Duration of test 2 hrs.

Drawdown 10 ft.

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

Static Level (depth to water) 90 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 Sym. Capacity 10 gpm

Pump set at 165 ft.

Pump installed by M. Dingess

WELL LOCATION

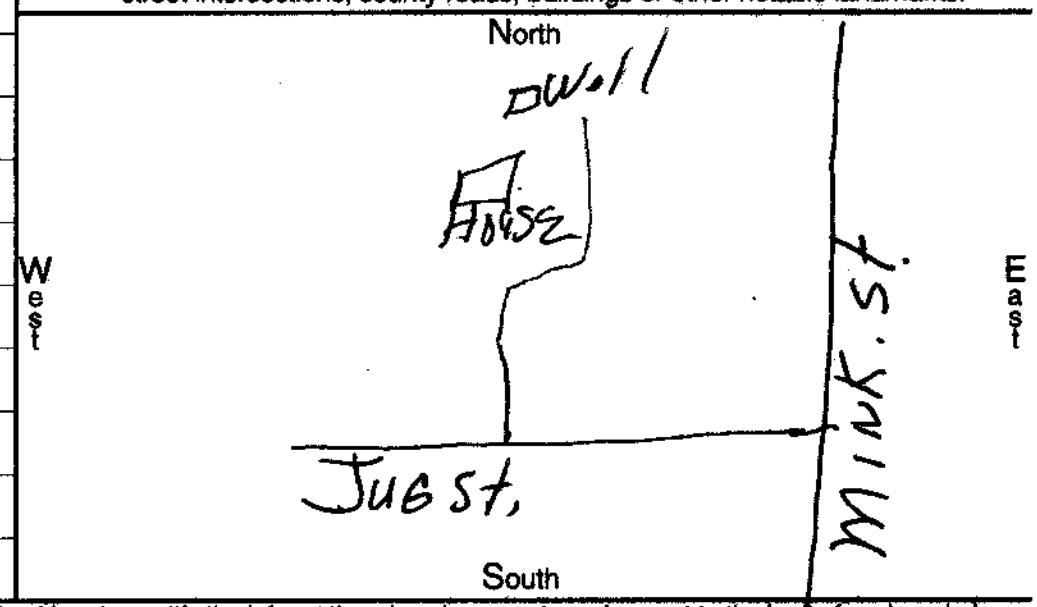
Location of well in State Plane coordinates, if available:

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.



Drilling Firm M. Dingess

Address 4628. Berger Rd

City, State, Zip Groveport 43125

5163

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

Signed Mansfield Dingess

Date 9-20 95

ODH Registration Number 0109

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