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

828479

Permit Number WI9700194

COUNTY FRANKLIN TOWNSHIP Madison SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Robert F. Talbot (First / Last) PROPERTY ADDRESS (Address of well location) 4600 BERGER Rd. (Number / Street) GROVEPORT Oh. (City) 43125 (Zip Code + 4)

LOCATION OF PROPERTY SAME.

CONSTRUCTION DETAILS

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

[1] Diameter 5½ in. Length* 64 ft. Wall Thickness .244 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 ____

Length ____ ft. Diameter ____ in.

Set between 61 ft. and 63 ft. Slot ⅛ BY 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 ☒ Adapter ☐ Preassembled unit

Use of Well ____

☐ Rotary ☒ Cable ☐ Augered ☒ Driven ☐ Dug ☐ Other ____

Date of Completion 11-19-97

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	4	YELLOW Clay
4	10	Blue Clay
10	35	Blue clay & Gravel
35	40	Brown Gravel & Sand
40	50	Blue Clay & Gravel
50	63	Sand & Gravel
63	64.	Clay.
		Water. AT 55 FT.

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

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other ____

Test rate 15 gpm Duration of test 2 hrs.

Drawdown 0 ft.

Measured from: ☒ top of casing ☐ ground level ☐ Other ____

Static Level (depth to water) 23. ft. Date: 11-17-97

Quality (clear, cloudy, taste, odor) CLEAR.

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

PUMP

Type of pump Sim. Capacity 10 gpm

Pump set at 50. ft.

Pump installed by Mansfield ~~M. Dingess~~ Dingess

WELL LOCATION

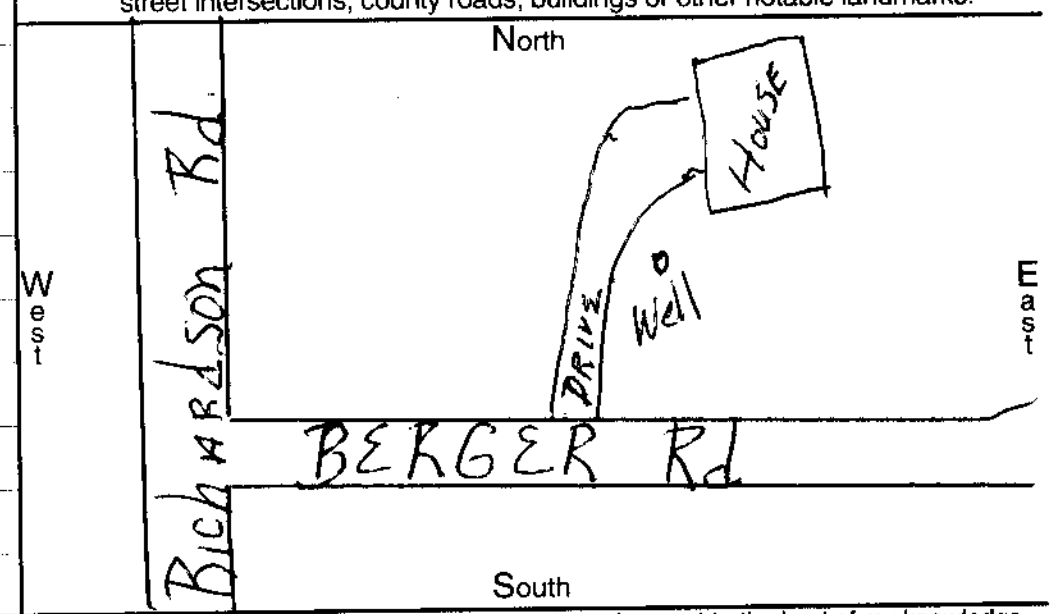
Location of well in State Plane coordinates, if available:

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.



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

Drilling Firm M. DINGESS

Signed Mansfield Dingess

Address 4628 BERGER Rd

Date 12-1-97

City, State, Zip GROVEPORT, Oh. 43125

ODH Registration Number 0199

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