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

830827

Permit Number 1844-96

COUNTY Morrow TOWNSHIP Bennington SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Vinal TERRY (First, Last)

PROPERTY ADDRESS (Address of well location) 5569 (Number) T.R. 211 (Street) Mount Gilead (City) Ohio 43338 (Zip Code + 4)

LOCATION OF PROPERTY 5569 T.R. 211

CONSTRUCTION DETAILS

CASING *(Length below grade)* Borehole Diameter ____ in.
[1] Diameter 5 in. Length* 30 ft. Wall Thickness 1/4 in.
[2] Diameter ____ in. Length* ____ ft. Wall Thickness ____ in.
Type: [1] Steel [1] Galv. [1] PVC [1] [2] Other
Joints: [1] Threaded [1] Welded [1] Solvent [1] [2] Other
Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN
Type (wire wrapped, louvered, etc.) 40,000 Material Stainless
Length 3' ft. Diameter 4" in.
Set between 31 ft. and 32 1/2 ft. Slot ____

GROUT
Material Portland Volume used 1 Bag
Method of installation ANNULAR
Depth: placed from T ft. to B ft.

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

Pitless Device [1] Adapter [2] Preassembled unit
Use of Well HOME
[1] Rotary [1] Cable [2] Augered [2] Driven [2] Dug [2] Other
Date of Completion 9-28-96

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
Black loamy soil		3
Grey clay	3	19
Clay Sandy Mix	19	29 1/2
Clay Blue	29 1/2	30
Sandy Gravel	30	33

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

WELL TEST

[2] Bailing [1] Pumping* [2] Other
Test rate 10+ gpm Duration of test 3 hrs.
Drawdown 17 - 30 ft.
Measured from: [1] top of casing [2] ground level [2] Other
Static Level (depth to water) 17 ft. Date: ____
Quality (clear, cloudy, taste, odor) clear

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

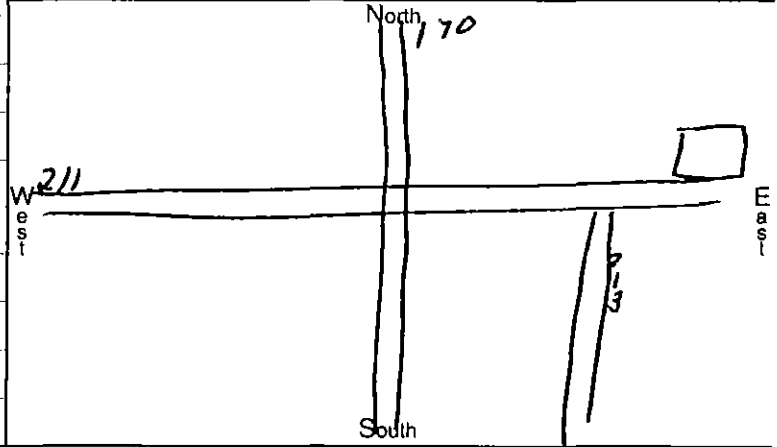
PUMP

Type of pump Submersible Capacity 10 gpm
Pump set at 29' ft.
Pump installed by Allen Lewis

WELL LOCATION

Location of well in State Plane coordinates, if available:
Zone ____ x ____ y ____
Elevation of well ____ ft./m. Datum plain: [2] NAD27 [2] NAD83
Source of coordinates: [2] GPS [2] Survey [2] 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 Allen Lewis
Signed Allen
Address 4755 St Rt 229
Date 9-27-96
City, State, Zip Mount Gilead 43338
ODH Registration Number 106

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