original

WELL AND DRILLING REPORT

832793

Ohio Department of Natural Resources
Divison of Water, 1939 Fountain Square Drive
Columbus, Ohio 43224 Phone (614) 265-6739

TYPE OR USE PEN
SELECT CRIBING
PRESS HARD

Permit Number WI9800094

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

OWNER/BUILDER (Circle One or Both) KEVIN O'DONNELL (First Last) PROPERTY ADDRESS (Address of well location) 6800 (Number) ROVILLA (Street) BLACKLICK (City)

LOCATION OF PROPERTY @ NW CORNER OF ROVILLA & REYNOLDSBURG NEW ALBANY (Zip Code + 4)

CONSTRUCTION DETAILS

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

[1] Diameter 5 1/2 in. Length* 25 ft. Wall Thickness .250 in.

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

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

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

Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN

Type (wire wrapped, louvered, etc.) NONE Material ____

Length ____ ft. Diameter ____ in.

Set between ____ ft. and ____ ft. Slot ____

GROUT

Material DRILL MUD Volume used AIR

Method of installation SLURRY DRIVEN

Depth: placed from 25 ft. to SURFACE 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 RESIDENCE

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

Date of Completion 11/10/98

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	20	GREY SANDY CLAY
20	45	SANDSTONE
		Water @ 38'

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

WELL TEST

☐ Bailing ☒ Pumping* ☐ Other ____

Test rate 16 gpm Duration of test 2 hrs.

Drawdown 1 ft.

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

Static Level (depth to water) 20 ft. Date: 10/20/98

Quality (clear, cloudy, taste, odor) CLEAR

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

PUMP

Type of pump SUB Capacity 18 gpm

Pump set at 26 ft.

Pump installed by PLUMMER & McDANNALD

WELL LOCATION

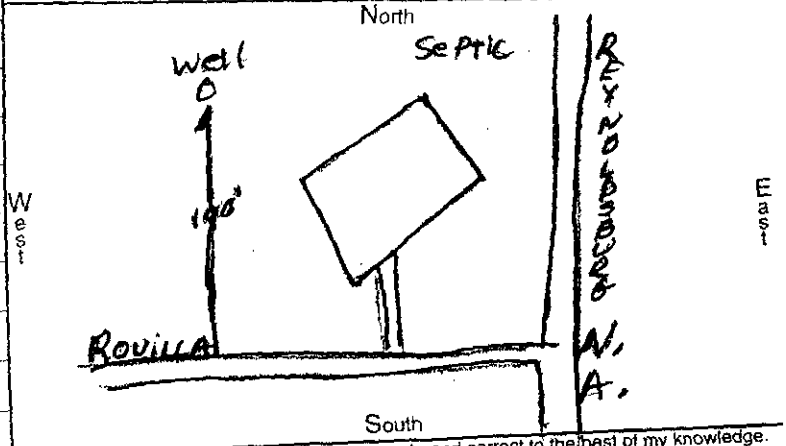
Location of well in State Plane coordinates, if available:

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.

Signed James Palmer

Date 11/28/98

ODH Registration Number 87

Firm PLUMMER & McDANNALD

s 74 CENTRAL AVE

tate, Zip Westerville OH 43081

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