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

833290

Permit Number 96-01

COUNTY Ottawa TOWNSHIP Catawba SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Ann Ashworth (First / Last) PROPERTY ADDRESS (Address of well location) 3530 (Number) Surf Side (Street) Pt. Clinton (City) 43452 (Zip Code + 4)

LOCATION OF PROPERTY

CONSTRUCTION DETAILS

CASING *(Length below grade)* Borehole Diameter 8" in.
[1] Diameter ____ in. Length* 26 ft. Wall Thickness SDR 21 in.
[2] Diameter ____ in. Length* ____ ft. Wall Thickness ____ in.
Type: [1] Steel [1] Galv. [X] [2] PVC [1] [2] Other
Joints: [1] [2] Threaded [1] [2] Welded [X] [2] Solvent [1] [2] Other
Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN
Type (wire wrapped, louvered, etc.) ____ Material ____
Length ____ ft. Diameter ____ in.
Set between ____ ft. and ____ ft. Slot ____

GROUT
Material Benseal Volume used 100#
Method of installation Dry
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 Residential
[X] Rotary [ ] Cable [ ] Augered [ ] Driven [ ] Dug [ ] Other
Date of Completion 12-8-95

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
Soil	0	2
Limestone	2	40

WELL TEST

[ ] Bailing [X] Pumping* [ ] Other
Test rate 20 gpm Duration of test 1½ hrs.
Drawdown 10' ft.
Measured from: [X] top of casing [ ] ground level [ ] Other
Static Level (depth to water) 15' ft. Date: 12-8-95
Quality (clear, cloudy, taste, odor) Clear
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

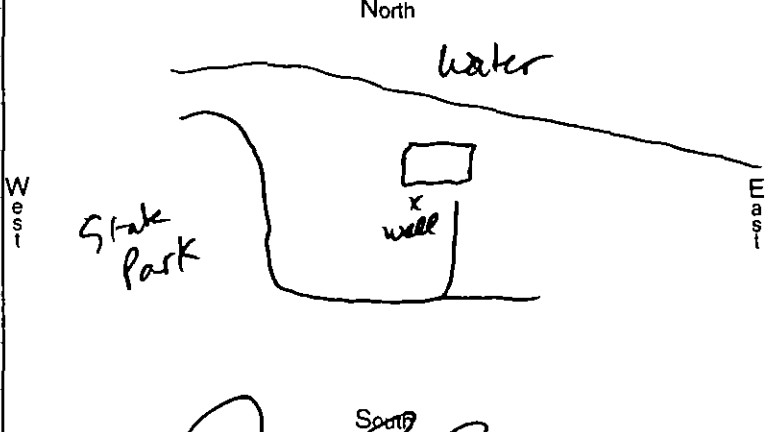
PUMP

Type of pump ½ HP Capacity 12 gpm
Pump set at 35' ft.
Pump installed by D&B

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.)

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

Drilling Firm Collins Well Drilling
Address 5942 Bays Rd
City, State, Zip Wayne Ohio 43466
Signed ____
Date 12-18-96
ODH Registration Number 2372

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