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

034341

Permit Number EPA

COUNTY Hamilton TOWNSHIP ~~City of~~ Cincinnati SECTION/LOT No. (Circle One)

California Sand Volleyball

OWNER/BUILDER (Circle One or Both) Tom First Erbeck Last PROPERTY ADDRESS (Address of well location) 4998 Number Kelloss Ave Street Cinti City 45228 Zip Code + 4

LOCATION OF PROPERTY intersection of Salam & Kelloss NE corner of Kelloss before Salam

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 6 3/4 in.

[1] Diameter 4 in. Length: 70 ft. Wall Thickness: .237 in.

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

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

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

Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN

Type (wire wrapped, louvered, etc.) machine Slot Material PVC

Length 5 ft. Diameter 4" in.

Set between 65 1/2 ft. and 70 1/2 ft. Slot #10

GROUT

Material Bentonite + Hole Plug Volume used 100 lb

Method of installation Slurry Seal 42'

Depth: placed from 5 ft. to 42 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 [ ] Cable [X] Augered [ ] Driven [ ] Dug [ ] Other ____

Date of Completion 5

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
Brown silty clay/trace gravel	0	7
Gray silty clay/trace gravel	7	11
Gray silty, sandy clay/gravel	11	18
rubble - fill	18	18 1/2
Gray silty, sandy clay/gravel	18 1/2	26
Gray sandy, silty clay very stiff, sticky, moist	26	58
Silty Sand	58	64
Silty sand w/gravel some cobbles becomes stiffer at 71'	64	72
Gray Clay	72	75+

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

WELL TEST

[ ] Bailing [ ] Pumping* [ ] Other ____

Test rate 5 gpm Duration of test 6 hrs.

Drawdown [redacted] top of pump ft.

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

Static Level (depth to water) 35 ft. Date: ____

Quality (clear, cloudy, taste, odor) [redacted] clear

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

PUMP

Type of pump 1/2 H.P. Capacity 10 gpm

Pump set at 60 ft.

Pump installed by Treadway Arnst Yeager Dr. Co.

WELL LOCATION

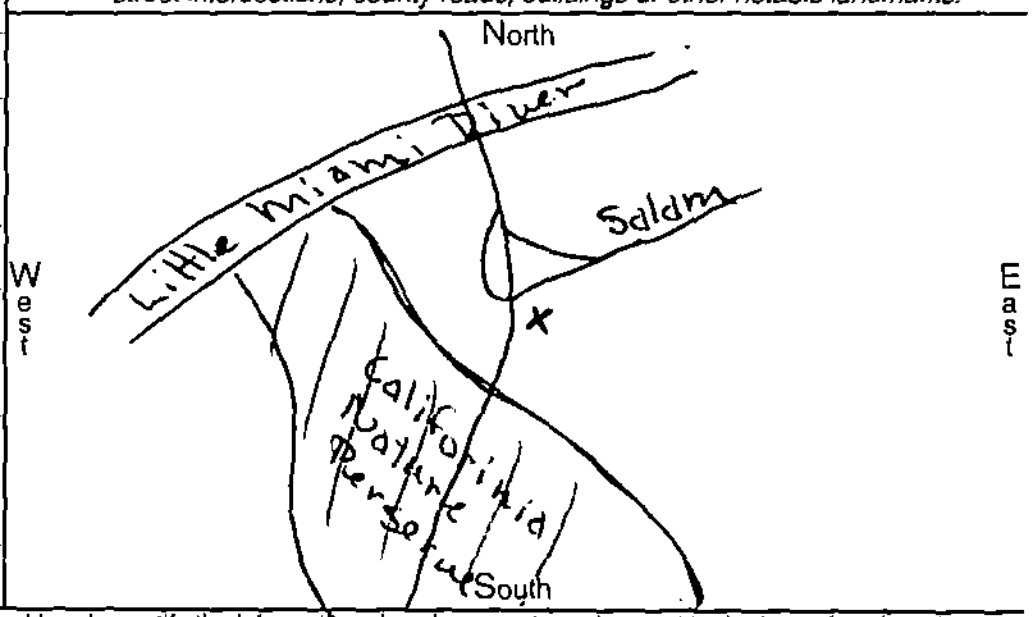
Location of well in State Plane coordinates, if available:

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 Treadway Arnst Yeager Dr. Co.

Signed Colleen Yeager

Address 4351 W. Elkton Rd

Date 5-30-96