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

835146

Permit Number WI 9600 142

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

OWNER (BUILDER) (Circle One or Both) GAIL First DUVALL Last PROPERTY ADDRESS (Address of well location) 7509 Number KULHWEIN RD. Street GALLOWAY City 43119 Zip Code + 4

LOCATION OF PROPERTY 3 MI. WEST OF MURNAN RD. ON ~~NORTH~~ SOUTH SIDE OF KULHWEIN RD.

## CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 7 7/8 in.

[1] Diameter 5 in. Length* 97 ft. Wall Thickness SDR21 in.

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

Type: [1] [2] Steel [1] [2] 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. Slot ____

Set between ____ ft. and ____ ft.

GROUT

Material BENONITE Volume used 250

Method of installation TREMIE

Depth: placed from 97 ft. to SURFACE 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 RESI

[X] Rotary [ ] Cable [ ] Augered [ ] Driven [ ] Dug [ ] Other ____

Date of Completion 9-25-96

## 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 |
|---|---|---|
| YELLOW CLAY | 0 | 8 |
| GRAY CLAY WITH SAND | 8 | 19 |
| FINE SAND | 19 | 24 |
| GRAY CLAY | 24 | 44 |
| COARSE GRAVEL WITH MUD | 44 | 48 |
| GRAY CLAY | 48 | 62 |
| BROKEN LIMESTONE RED MUD | 62 | 68 |
| RED STICKY MUD | 68 | 95 |
| WHITE LIMESTONE | 95 | 124 |
| WATER ENCOUNTERED 121' | | |

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

## WELL TEST

[ ] Bailing [X] Pumping* [ ] Other ____

Test rate 10 gpm Duration of test 24 hrs.

Drawdown 0 ft.

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

Static Level (depth to water) 70 ft. Date: 9-27-96

Quality (clear, cloudy, taste, odor) CLEAR NO ODOR

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

## PUMP

Type of pump 1/2HP SUBM. Capacity 10 gpm

Pump set at 85 ft.

Pump installed by PAUL W. WRIGHT

## WELL LOCATION

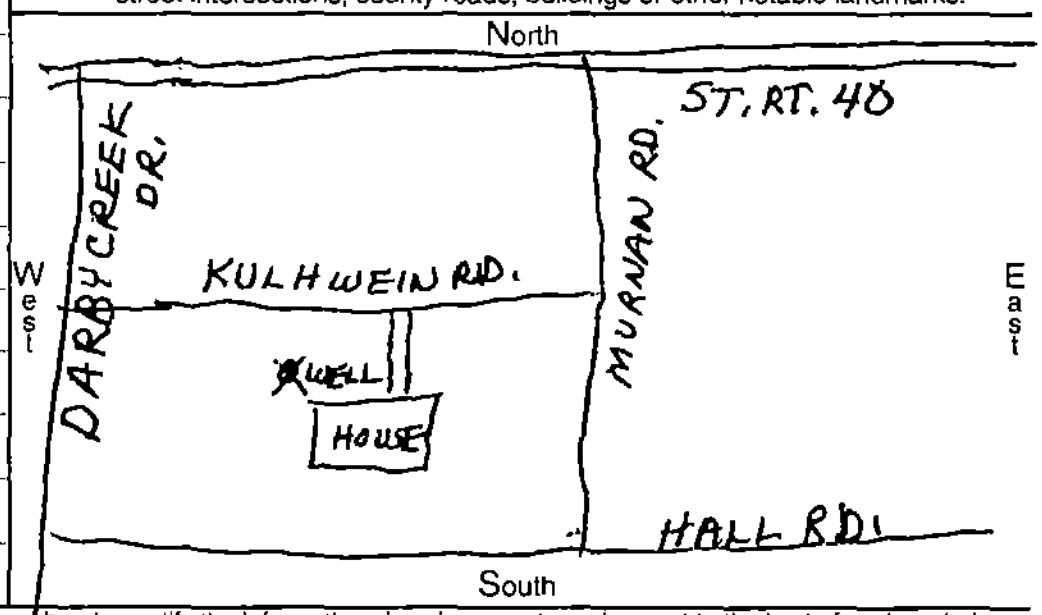
Location of well in State Plane coordinates, if available:

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 PAUL W. WRIGHT WELL DRILLING Signed Paul W. Wright

Address 12543 CLARK RD. Date 10-7-96

City, State, Zip ORIENT, O. 43146 ODH Registration Number 2305

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