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

835408

Permit Number 076

COUNTY Perry TOWNSHIP Jackson SECTION/LOT No. 29 (Circle One)

OWNER/BUILDER (Circle One or Both) Mike Peters (First Last) PROPERTY ADDRESS (Address of well location) 4069 (Number) TwpRd 240 S.W. (Street) Junction City (City)

LOCATION OF PROPERTY North Side of TwpRd 240, 1/8 mile west of TwpRd 235 43748 (Zip Code + 4)

CONSTRUCTION DETAILS

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

[1] Diameter 5 in. Length* 182 ft. Wall Thickness SDR21 in.

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

Type: [1] Steel [1] Galv. [4] PVC [1] [2] Other

Joints: [1] Threaded [1] Welded [4] 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 Fire Clay Volume used 1000 lb.

Method of installation washed

Depth: placed from 182 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 Domestic

☑ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other

Date of Completion 7-3-96

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
Brown - White Clay	0	28
Coal	28	29
Black Shale	29	38
Limestone	38	40
Coal	40	41
Gray Shale + Sandstones	41	165
Limestone	165	175
Gray Shale + Sandstones	175	315
Coarse Pebbley Sandstone	315	320
Gray Sandy Shale	320	340
Coarse Pebbley Sandstone	340	350
Gray Sandy Shale	350	360
Fine Grained White Sandstone	360	365
Gray Shale	365	370
	TD	370
water @ 340-350 - 360-365		

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

WELL TEST

☐ Bailing ☐ Pumping* ☑ Other Airlift

Test rate 5 gpm Duration of test 1 hrs.

Drawdown 160 ft.

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

Static Level (depth to water) 210 ft. Date: 6-29-96

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 355 ft.

Pump installed by Peck Drlg

WELL LOCATION

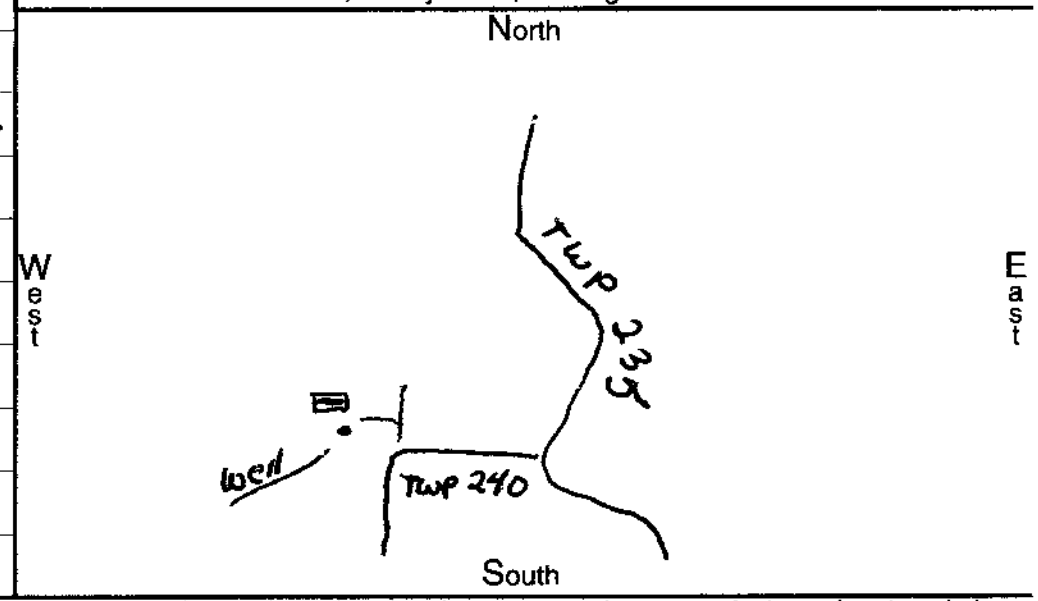
Location of well in State Plane coordinates, if available:

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 Carl Peck Water Well Drlg.

Signed Carl Peck

Address 11367 St. Rt. 93N

Date 7-15-96

City, State, Zip Logan OH 43138

ODH Registration Number 266

5448

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