

WELL LOG AND DRILLING REPORT

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

839531

Permit Number Irrigation

COUNTY Madison

TOWNSHIP Fairfield

SECTION/LOT No.
(Circle One)

OWNER/BUILDER Bud Music
(Circle One or Both) First Last

PROPERTY ADDRESS 2761 Almstead Rd
(Address of well location) Number Street City

LOCATION OF PROPERTY 2761 Almstead Rd

Zip Code + 4

CONSTRUCTION DETAILS

CASING (Length below grade) Borehole Diameter 7 7/8 in.
[1] Diameter 5 in. Length 42 ft. Wall Thickness SDR21 in. Material Granular Bentonite Volume used 87#
[2] Diameter _____ in. Length _____ ft. Wall Thickness _____ in. Method of installation Thermie pipe
Type: [1] Steel [2] Galv. [X] PVC [3] Other _____
Depth: placed from 42 ft. to surface ft.
Joints: [1] Threaded [2] Welded [X] Solvent [3] Other _____
Material _____ Volume used _____
Method of installation _____
Liner: Length _____ Type _____ Wall Thickness _____ in. Depth: placed from _____ ft. to _____ ft.
SCREEN
Type (wire wrapped, louvered, etc.) _____ Material _____
Length _____ ft. Diameter _____ in.
Set between _____ ft. and _____ ft. Slot _____
Pitless Device [X] Adapter [] Preassembled unit
Use of Well Irrigation
[X] Rotary [] Cable [X] Augered [] Driven [] Dug [] Other _____
Date of Completion 7-29-96

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
<u>Clay, sand, gravel</u>	<u>0</u>	<u>36</u>
<u>Limestone</u>	<u>36</u>	<u>82</u>

WELL TEST

[] Bailing [X] Pumping* [] Other _____
Test rate 15+ gpm Duration of test one hrs.
Drawdown _____ ft.
Measured from: [] top of casing [X] ground level [] Other _____
Static Level (depth to water) 22 ft. Date: 7-29-96
Quality (clear, cloudy, taste, odor) Clear

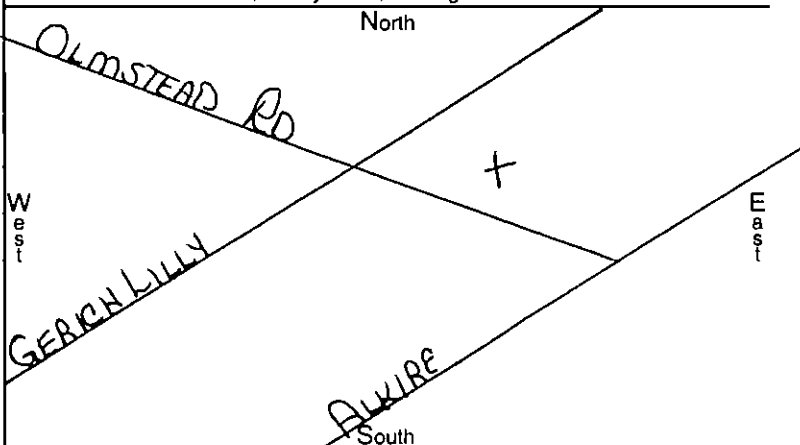
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump _____ Capacity _____ gpm
Pump set at _____ ft.
Pump installed by OTHERS

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 R. C. Barry Inc
Address 6467 W. Broad St

Signed Mark Cantrell / GCB
Date 7-29-96