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

847663

Permit Number 97-017

COUNTY FAIRFIELD TOWNSHIP WALNUT SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) GREG (First) PHELPS (Last) PROPERTY ADDRESS (Address of well location) 13333 (Number) LAUREL RD. (Street) THORNVILLE (City) 43076 (Zip Code + 4)

LOCATION OF PROPERTY

CONSTRUCTION DETAILS

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

1. Diameter 5 in. Length 47 ft. Wall Thickness SDR21 in.
2. Diameter ____ in. Length ____ ft. Wall Thickness ____ in.

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

Joints: [1] Threaded [1] Welded [X] 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 BENONITE Volume used 100 #

Method of installation TREMIE PIPE

Depth: placed from 47 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 RES.

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

Date of Completion 2-12-97

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
CLAY	0	3
SAND & GRAVEL	3	26
SOFT SAND STONE	26	42
SOFT BLUE SHALE	42	47
FIRM BLUE SHALE	47	72
WATER ENCOUNTERED 68'		

WELL TEST

[ ] Bailing [X] Pumping* [ ] Other

Test rate 20 gpm Duration of test 4 hrs.

Drawdown 0 ft.

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

Static Level (depth to water) 35 ft. Date: 2-12-97

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 1/2 SUBM Capacity 20 gpm

Pump set at 40' ft.

Pump installed by PAUL W. WRIGHT

WELL LOCATION

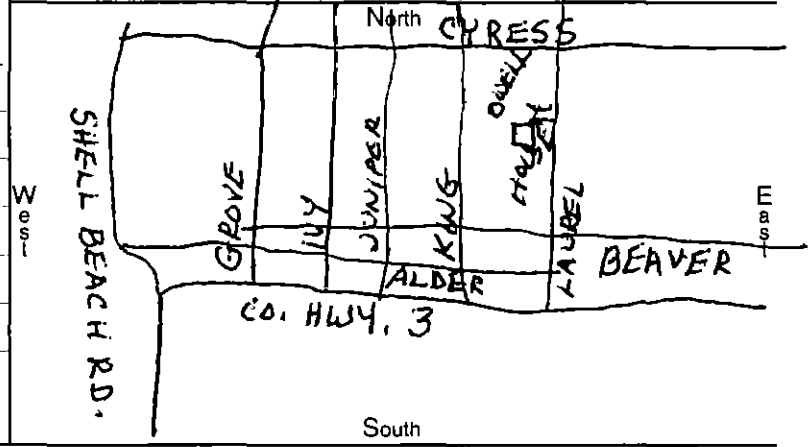
Location of well in State Plane coordinates, if available:

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.



*(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 PAUL W. WRIGHT WELL DRILLING Signed PAUL W. WRIGHT Paul W. Wright

Address 12543 CLARK RD. Date 2-14-97

City, State, Zip ORIENT, OHIO 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