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

848855

Permit Number 23-98

COUNTY Vinton TOWNSHIP Knox SECTION/LOT No.

OWNER/BUILDER (Circle One or Both) Marvin Lawrence (First Last) PROPERTY ADDRESS (Address of well location) 29740 (Number) ~~Stanley Rd~~ STANLEY R.D (Street) (Circle One) New Marshfield (City) 45766 (Zip Code + 4)

LOCATION OF PROPERTY Same

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 6¼ in.

[1] Diameter 6 in. Length* 30 ft. Wall Thickness ____ in.

[2] Diameter 4½ in. Length* 280 ft. Wall Thickness ____ in.

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

Joints: [1] [2] Threaded [1] [2] Welded [1] [2] 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 Ben-Seal Volume used 250 lbs

Method of installation Pour Around Casing

Depth: placed from 38 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 Household

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

Date of Completion 5-17-98

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
Top Soil	0	8
Red Clay	8	25
Yellow Shale	25	60
Red Rock	60	110
Sand stone	110	130
Gray Shale	130	140
Gray Sandstone Water	140	205
Gray Shale	205	250
Gray Sandstone Water	250	275
Gray Shale	275	280

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

WELL TEST

[ ] Bailing [ ] Pumping* [✓] Other Air

Test rate 3 gpm Duration of test ____ hrs.

Drawdown 280 ft.

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

Static Level (depth to water) 190 ft. Date: 5-17-98

Quality (clear, cloudy, taste, odor) Cloudy

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

PUMP

Type of pump Sumb Capacity 10 gpm

Pump set at 275 ft.

Pump installed by Wright Drilling

WELL LOCATION

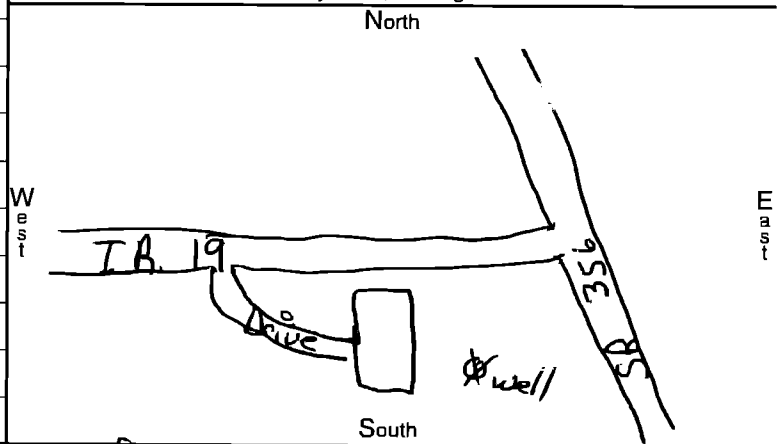
Location of well in State Plane coordinates, if available:

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.



Drilling Firm Wright Drilling

Address RR # 1

City, State, Zip Langsville Ohio 45741

I hereby certify the information given is accurate and correct to the best of my knowledge.

Signed Larry Wright

Date 5-22-99

ODH Registration Number 1084

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