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

851961

Permit Number 182820

COUNTY Adams TOWNSHIP Brush Creek SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Earl (First) Lewis (Last) PROPERTY ADDRESS (Address of well location) 588 (Number) Tobe Lewis Rd (Street) Lynx (City)

LOCATION OF PROPERTY 45650 (Zip Code + 4)

CONSTRUCTION DETAILS

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

1 Diameter 6 in. Length* 30 ft. Wall Thickness .316 in.

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

Type: 1/2 Steel 1/2 Galv. X 2/2 PVC 1/2 Other

Joints: 1/2 Threaded 1/2 Welded X 2/2 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 Bentonite Volume used 50#

Method of installation Free Pour

Depth: placed from ____ ft. to ____ 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 ____

☐ Rotary X Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other

Date of Completion 11/29/96

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
Top Soil	0	5
Sandstone	5	18
Shale	18	54
Limestone	54	92

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

WELL TEST

X Bailing ☐ Pumping* ☐ Other

Test rate 1½ gpm Duration of test ½ hrs

Drawdown ____ ft

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

Static Level (depth to water) 50 ft. Date: 11/20/96

Quality (clear, cloudy, taste, odor) Clear - odor sulfer

*(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 ____

WELL LOCATION

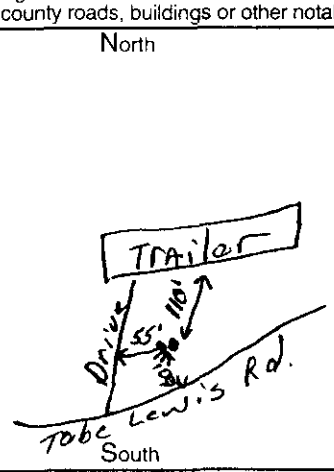
Location of well in State Plane coordinates, if available:

Zone ____ x ____ y ____

Elevation of well 900 (ft)/m. Datum plain: ☐ NAD27 ☐ NAD83

Source of coordinates: ☐ GPS ☐ Survey X Other Topo

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 H.O.M.E. Development Co Signed David A. Osborne

Address 1234 Jones Rd Date 12/31/96

City, State, Zip Peebles, Ohio 45660 ODH Registration Number 1470

Completion of this form is required by section 1521.05, Ohio Revised Code, filed within 30 days after completion of drilling.

ORIGINAL COPY TO - ODNR, DIVISION OF WATER, 1939 FOUNTAIN SQ., RIVERSIDE, OHIO 43224

Blue - customer's copy Pink - driller's Green - Log Division Dept.