DNR 7802.96

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 43224-9971 Voice (614) 265-6739 Fax (614) 447-9503

880425

WELL LOCATION

County MORGAN Township CENTER

Owner/Builder (Circle One or Both) JASON & STACY COMBS (First / Last)

Address of Well Location 8640 WILEY LANE (Number / Street Name)

City BEVERLY, O Zip Code +4 45715

Permit No. 26-99 Section/Lot No. (Circle One or Both)

Location of Well in State Plane coordinates, if available: Use of Well PRIVATE

N ☐ X _____ . _____ +/- _____ ft. or m

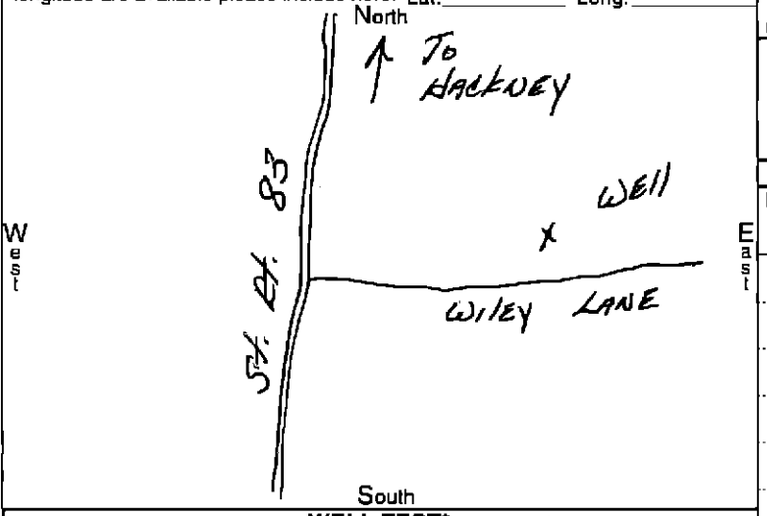
S ☐ Y _____ . _____ +/- _____ ft. or m

Elevation of Well _____ . _____ +/- _____ ft. or m

Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source _____

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 latitude and longitude are available please include here: Lat: _____ Long: _____



WELL TEST*

Pre-Pumping Static Level _____ ft. Date 11-16-99

Measured from: ☐ Top of Casing ☐ Ground Level ☐ Other _____

☐ Air ☐ Bailing ☐ Pumping* ☐ Other _____

Test Rate _____ gpm Duration of Test _____ hrs.

Feet of Drawdown _____ ft. Sustainable Yield 0 gpm

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

Is Copy Attached? ☐ Yes ☐ No Flowing Well? ☐ Yes ☐ No

Quality DRY HOLE

PUMP/PITLESS

Type of pump _____ Capacity _____ gpm

Pump set at _____ ft. Pitless Type _____

Pump installed by _____

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

Drilling Firm TREADWAY WELL DRILLING

Address RT 3 BOX 32

City, State, Zip STOCKPORT, OHIO 43787

Signed J. L. Treadway Date 11-18-99

ODH Registration Number 1378

CONSTRUCTION DETAILS

☐ Rotary ☑ Cable ☐ Augered ☐ Driven ☐ Other _____

BOREHOLE/CASING (measured from ground surface)

1 ☐ Borehole Diameter _____ inches Depth _____ ft.

Casing Diameter _____ in. Length _____ ft. Thickness _____ in.

2 ☐ Borehole Diameter _____ inches Depth _____ ft.

Casing Diameter _____ in. Length _____ ft. Thickness _____ in.

Casing Height Above Ground _____ ft.

Type 1 ☐ 2 ☐ Steel 1 ☐ 2 ☐ Galv. 1 ☐ 2 ☐ PVC 1 ☐ 2 ☐ Other _____

Joints 1 ☐ 2 ☐ Threaded 1 ☐ 2 ☐ Welded 1 ☐ 2 ☐ Solvent 1 ☐ 2 ☐ Other _____

SCREEN

Diameter _____ Slot Size _____ Screen Length _____ ft.

Type _____ Material _____

Set Between _____ ft. and _____ ft.

GRAVEL PACK (Filter Pack)

Material/Size _____ Volume/Weight Used _____

Method of Installation _____

Depth: Placed FROM _____ ft. TO _____ ft.

GROUT

Material _____ Volume/Weight Used _____

Method of Installation _____

Depth: Placed FROM _____ ft. TO _____ ft.

DRILLING 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 CLAY	0	11
LIMESTONE	11	13
BROWN SHALE & CLAY	13	30
GRAY SHALE	30	36
GRAY SANDSTONE	36	53
BROWN SHALE	53	68
COAL	68	69
GRAY SANDSTONE	69	75
GRAY SHALE	75	87
BROWN CLAY & SHALE	87	92
GRAY SANDSTONE	92	102
RED CLAY	102	110
DRY HOLE FILLED		

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

Date of Well Completion 11-17-99 Total Depth of Well 110 ft.

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 43224-9971

Blue - Customer's copy Pink - Driller's copy Green - Local Health Dept. copy