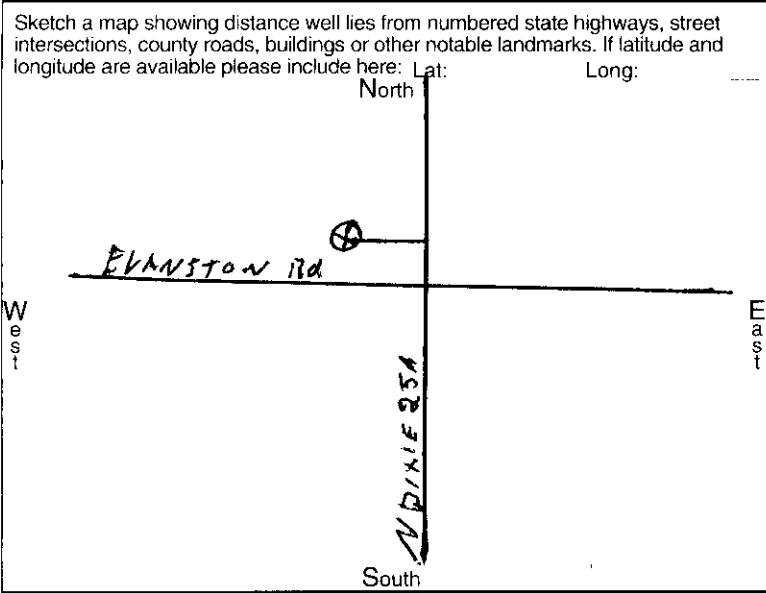


TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

Ohio Department of Natural Resources
Division of Water, 1939 Fountain Square Drive
Columbus, Ohio 43224-9971 Voice (614) 265-6739 Fax (614) 447-9503

896670

WELL LOCATION	CONSTRUCTION DETAILS																					
County Miami Township Monroe Tipp City Church of Christ Owner/Builder (Circle One or Both) _____ Address of Well Location 6461 N. Dixie 25A City Tipp City, OH Zip Code +4. 5371 Permit No. EPA Section/Lot No. _____ Location of Well in State Plane coordinates, if available: _____ Use of Well _____ 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: _____ 	☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Other _____ BOREHOLE/CASING (measured from ground surface) 1 ☐ Borehole Diameter 6 inches Depth 130 ft. Casing Diameter 6 in. Length 40 ft. Thickness 188 in. 2 ☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in. Casing Height Above Ground 12" _____ ft. Type 1 ☒ Steel 1 ☒ Galv. 1 ☐ PVC 1 ☐ _____ 2 ☐ _____ 2 ☐ _____ 2 ☐ Other _____ Joints 1 ☐ Threaded 1 ☒ Welded 1 ☐ Solvent 1 ☐ _____ 2 ☐ _____ 2 ☐ _____ 2 ☐ Other _____ SCREEN Diameter none Slot Size _____ Screen Length _____ ft. Type _____ Material _____ Set Between _____ ft. and _____ ft. GRAVEL PACK (Filter Pack) Material/Size none Volume/Weight Used _____ Method of Installation _____ Depth: Placed FROM _____ ft. TO _____ ft. GROUT Material Ben Seal Volume/Weight Used 200# Method of Installation tremie Depth: Placed FROM 0 ft. TO 40 ft. DRILLING LOG* INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED. Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>yellow clay</td> <td>0</td> <td>9</td> </tr> <tr> <td>yellow limestone</td> <td>9</td> <td>40</td> </tr> <tr> <td>grey limestone</td> <td>40</td> <td>55</td> </tr> <tr> <td>white limestone</td> <td>55</td> <td>80</td> </tr> <tr> <td>grey limestone</td> <td>80</td> <td>90</td> </tr> <tr> <td>blue shale & bedrock</td> <td>90</td> <td>130</td> </tr> </tbody> </table>		From	To	yellow clay	0	9	yellow limestone	9	40	grey limestone	40	55	white limestone	55	80	grey limestone	80	90	blue shale & bedrock	90	130
	From	To																				
yellow clay	0	9																				
yellow limestone	9	40																				
grey limestone	40	55																				
white limestone	55	80																				
grey limestone	80	90																				
blue shale & bedrock	90	130																				
WELL TEST* Pre-Pumping Static Level 15 ft. Date 4-3-00 Measured from: ☒ Top of Casing ☐ Ground Level ☐ Other _____ ☐ Air ☐ Bailing ☒ Pumping* ☐ Other _____ Test Rate 20 gpm Duration of Test 1 hrs. Feet of Drawdown 3 ft. Sustainable Yield 20 gpm *(Attach a copy of the pumping test record, per section 1521.05, ORC) Is Copy Attached? ☒ Yes ☐ No Flowing Well? ☐ Yes ☒ No Quality _____	<i>Well Reamed to 40 ft and Pressure Hydrated</i>																					
PUMP/PITLESS Type of pump not yet installed 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 W.U. Scott CO. Address 11534 Peters Pike City, State, Zip Tipp City, OH 45371 Signed <i>W.U. Scott CWP/PL</i> Date 5-1-00 ODH Registration Number 257	(If more space is needed to complete drilling log, use next consecutively numbered form.) Date of Well Completion 4-3-00 Total Depth of Well 130 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

PUMPING TEST RECORD
ODNR-Division of Water
Ground-Water Resources Section

894670 Page No. 1

Owner Tipp City Church of Christ Address 265 Tippacanoe Drive
 County Miami Township Monroe
 Date 4/18/00 / 4/19/00 (Test Started / Test Ended) ODNR Log# _____ Other Well ID _____
 Company Conducting Test W.U. Scott Co. Individual Making Measurements W.U. Scott
 Type of Test quantity Distance From Pumping Well _____
 Measuring Equipment Used Rocktest electronic
 Static Water Level (S₀) 15.04 Measuring Point top of casing Elevation Above Ground 12"

Date	Clock Time (Use Military Time)	Time Since Pumping Started (In Minutes)	Depth to Water (S)	Change in Water Level (S - S ₀)	Discharge Rate (GPM)	Comments (Include Weather Conditions)
4-18-00	9:00	0	15.04		20	cloudy rain
		1	16.04	1.00	"	"
		2	16.06	1.02	"	"
		3	16.07		"	"
		4	16.08		"	"
		5	16.09		"	"
		6	17.00		"	"
		7	"		"	"
		8	"		"	"
		9	"		"	"
	9:10	10	17.01		"	"
		11			"	"
		12			"	"
		13			"	"
		14	17.03		"	"
	9:15	15	"		"	"
		20			"	"
		25	17.05	2.01	"	"
	9:30	30	17.09		"	"
		35	"		"	"
		40	"		"	"
		45	"		"	"
		50	"		"	"
	10:00	55	"		"	"
		60 (1hr)	"	2.05	"	"
	10:30	90	18.01		"	"
	11:00	120 (2hr)	18.04	3.00	"	"
	11:30	150	"		"	"
	12:00	180 (3hr)	"		"	"
	1:00	240 (4hr)	"		"	"

