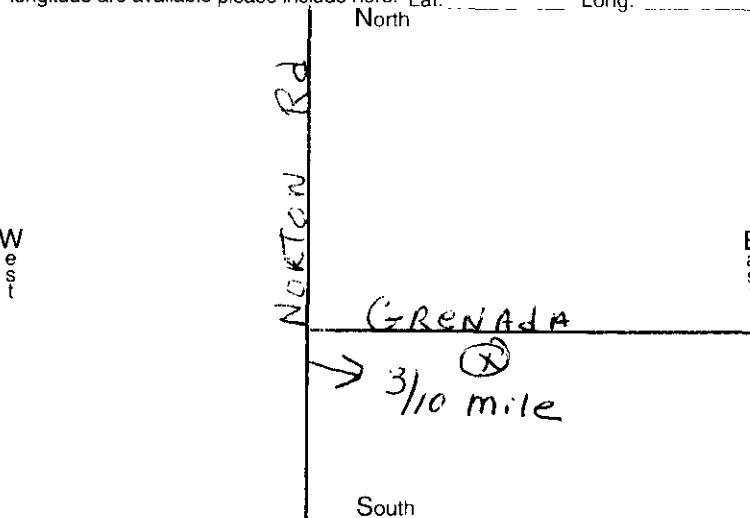


TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

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

935319

WELL LOCATION	CONSTRUCTION DETAILS															
County <u>FRANKLIN</u> Township <u>PRAIRIE</u> Owner/Builder <u>JERRY JONES</u> (Circle One or Both) First Last Address of Well Location <u>5717 GRANADA AVE</u> Number Street Name City <u>GALLOWAY</u> Zip Code +4 <u>3119</u> Permit No. _____ Section/Lot No. _____ (Circle One or Both) Location of Well in State Plane coordinates, if available: _____ Use of Well <u>domestic</u> N ☐ ☒ S ☐ ☒ Elevation of Well _____ ft. or m Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source _____ Source of Coordinates: ☐ GPS ☐ Survey ☐ Other	☒ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Other BOREHOLE/CASING (measured from ground surface) ☒ Borehole Diameter <u>7 7/8</u> inches Depth <u>144</u> ft. Casing Diameter <u>5</u> in. Length <u>143</u> ft. Thickness <u>SDR21</u> in. ☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in. Casing Height Above Ground _____ ft. Type ☐ Steel ☐ Galv ☒ PVC ☐ Other Joints ☐ Threaded ☐ Welded ☒ Solvent ☐ 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 <u>GRANULAR BENT.</u> Volume/Weight Used <u>600 #</u> Method of Installation <u>Tremie Pipe</u> Depth: Placed FROM <u>143</u> ft. TO <u>SURFACE</u> ft.															
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: _____ 	DRILLING LOG* INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED. Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc. <table style="width:100%;"> <thead> <tr> <th></th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>CLAY + GRAVEL</td> <td>0</td> <td>70</td> </tr> <tr> <td>CLAY + SAND</td> <td>70</td> <td>100</td> </tr> <tr> <td>Red STICKY CLAY</td> <td>100</td> <td>142</td> </tr> <tr> <td>Limestone</td> <td>142</td> <td>144</td> </tr> </tbody> </table>		From	To	CLAY + GRAVEL	0	70	CLAY + SAND	70	100	Red STICKY CLAY	100	142	Limestone	142	144
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CLAY + GRAVEL	0	70														
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WELL TEST* Pre-Pumping Static Level <u>60</u> ft. Date <u>12-28-01</u> Measured from: ☐ Top of Casing ☒ Ground Level ☐ Other ☐ Air ☐ Bailing ☐ Pumping* ☐ Other Test Rate <u>50</u> gpm Duration of Test <u>1</u> hrs. Feet of Drawdown _____ ft. Sustainable Yield _____ gpm *(Attach a copy of the pumping test record, per section 1521.05, ORC) Is Copy Attached? ☐ Yes ☒ No Flowing Well? ☐ Yes ☒ No Quality <u>Clear</u>																
PUMP/PITLESS Type of pump <u>Submersible</u> Capacity <u>3/4 HP</u> gpm Pump set at <u>85</u> ft. Pitless Type <u>ADAPTER</u> Pump installed by <u>R.C. BARRY</u> I hereby certify the information given is accurate and correct to the best of my knowledge. Drilling Firm <u>STAGE INC dba/ R.C. BARRY</u> Address <u>6467 W. BROAD ST.</u> City, State, Zip <u>GALLOWAY, OH 43119</u> Signed <u>Mark Canty</u> Date <u>12-28-01</u> ODH Registration Number <u>368</u>	*(If more space is needed to complete drilling log, use next consecutively numbered form.) Date of Well Completion <u>12-28-01</u> Total Depth of Well <u>144</u> 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