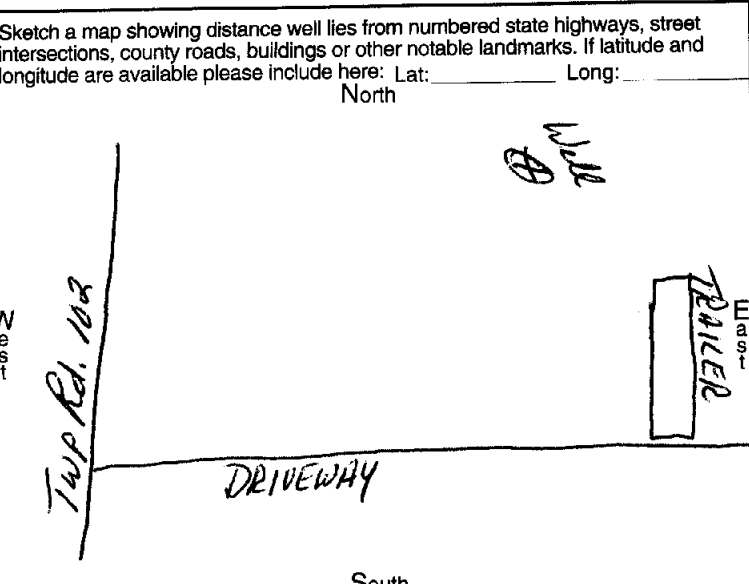


WELL LOG AND DRILLING REPORT

963461

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARDOhio Department of Natural Resources
Division of Water, 1939 Fountain Square Drive
Columbus, Ohio 43224-9971 Voice (614) 265-6739 Fax (614) 447-9503

WELL LOCATION		CONSTRUCTION DETAILS																									
County <u>Belmont</u> Township <u>Washington</u> Owner/Builder <u>Barb</u> <u>Stoats</u> Address of Well Location <u>44601 Bend Ink Rd.</u> City <u>Belmont, Ohio</u> Zip Code +4 <u>43718</u> Permit No. <u>25</u> Section/Lot No. _____ Location of Well in State Plane coordinates, if available: _____ Use of Well <u>Private</u> Elevation of Well _____ Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source _____ Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____		☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Other _____ BOREHOLE/CASING (measured from ground surface) 1 ☐ Borehole Diameter <u>12</u> inches Depth <u>35</u> ft. Casing Diameter <u>10</u> in. Length <u>30</u> ft. Thickness <u>1/2</u> in. 2 ☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in. Casing Height Above Ground <u>3</u> ft. Type: 1 ☐ Steel 1 ☐ Galv. 1 ☒ PVC 1 ☐ Other _____ 2 ☐ Steel 2 ☐ Galv. 2 ☐ PVC 2 ☐ Other _____ Joints: 1 ☐ Threaded 1 ☐ Welded 1 ☒ Solvent 1 ☐ Other _____ 2 ☐ Threaded 2 ☐ Welded 2 ☐ Solvent 2 ☐ Other _____ SCREEN Diameter _____ Slot Size _____ Screen Length _____ ft. Type <u>N/A</u> Material _____ Set Between _____ ft. and _____ ft. GRAVEL PACK (Filter Pack) Material/Size _____ Volume/Weight Used <u>2440 lbs.</u> Method of Installation <u>N/A</u> Depth: Placed FROM _____ ft. TO _____ ft. GROUT Material <u>Cement</u> Volume/Weight Used <u>2440 lbs.</u> Method of Installation <u>Wet Mix</u> Depth: Placed FROM <u>0</u> ft. TO <u>25</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 border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>Top Soil</td> <td>0</td> <td>2</td> </tr> <tr> <td>Sub Soil</td> <td>2</td> <td>5</td> </tr> <tr> <td>Sandstone</td> <td>5</td> <td>8</td> </tr> <tr> <td>Lt. Brown Clay</td> <td>8</td> <td>18</td> </tr> <tr> <td>Limestone</td> <td>18</td> <td>25</td> </tr> <tr> <td>Sandstone</td> <td>25</td> <td>33</td> </tr> <tr> <td>Limestone</td> <td>33</td> <td>35</td> </tr> </tbody> </table> <u>Stream @ 27'</u>			From	To	Top Soil	0	2	Sub Soil	2	5	Sandstone	5	8	Lt. Brown Clay	8	18	Limestone	18	25	Sandstone	25	33	Limestone	33	35
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WELL TEST* Pre-Pumping Static Level <u>25</u> ft. Date <u>10-23-03</u> Measured from: ☐ Top of Casing ☒ Ground Level ☐ Other _____ ☐ Air ☒ Bailing ☐ Pumping* ☐ Other _____ Test Rate <u>3</u> gpm Duration of Test <u>4</u> hrs. Feet of Drawdown <u>2</u> 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 _____ 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 <u>J.R. Riley, Drilling</u> Address <u>56379 Mt. Victory Rd.</u> City, State, Zip <u>Jacobsburg, OH 43933</u> Signed <u>[Signature]</u> Date <u>10-23-03</u> ODH Registration Number <u>2270</u>		*(If more space is needed to complete drilling log, use next consecutively numbered form.) Date of Well Completion <u>10-23-03</u> Total Depth of Well <u>35</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