

**TYPE OR USE PEN
SELF-TRANSCRIBING
PRESS HARD**

WELL LOG AND DRILLING REPORT

Ohio Department of Natural Resources
Division of Soil and Water Resources, 2045 Morse Road Building B
Columbus, Ohio 43229-6693 Voice (614) 265-6740 Fax (614) 265-6767

1019832

WELL LOCATION		CONSTRUCTION DETAILS	
County <u>UNION</u> Township <u>TAYLOR</u>		☒ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Other BOREHOLE/CASING (measured from ground surface)	
Owner/BUILDER <u>MICHAEL A FASULO</u> First Last		1 ☐ Borehole Diameter <u>8"</u> inches Depth <u>53</u> ft. Casing Diameter <u>5.5</u> in. Length <u>53</u> ft Thickness <u>1/4</u> in.	
Address of Well Location <u>18353 WHEELER GREEN RD</u> Number Street Name		2 ☐ Borehole Diameter <u>4 3/4</u> inches Depth <u>70</u> ft. Casing Diameter _____ in. Length _____ ft Thickness _____ in.	
City <u>Marysville</u> Zip Code +4 <u>43040</u>		Casing Height Above Ground <u>18"</u> ft.	
Permit No. <u>5133</u> Section/Lot No. _____ (Circle One or Both)		Type 1 ☐ Steel 1 ☐ Galv. 1 ☒ PVC 1 ☐ 2 ☐ 2 ☐ 2 ☐ 2 ☐ Other	
Location of Well in State Plane coordinates, if available:		Joints 1 ☐ Threaded 1 ☐ Welded 1 ☒ Solvent 1 ☐ 2 ☐ 2 ☐ 2 ☐ 2 ☐ Other	
Use of Well <u>Domestic</u>		SCREEN	
N ☐ X <u>46 31 45 70</u> +/- _____ ft. or m. S ☐ Y <u>83 40 27 8</u> +/- _____ ft. or m.		Diameter _____ Slot Size _____ Screen Length _____ ft.	
Elevation of Well <u>1001</u> +/- _____ ft. or m.		Type _____ Material <u>NOM</u>	
Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source _____		Set Between _____ ft. and _____ ft.	
Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____		GRAVEL PACK (Filter Pack)	
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: _____			
The sketch shows a horizontal road labeled "Wheeler Green Rd" running West-East. A diagonal line representing "Taylor St" intersects it at an angle. The well location is marked with a dot near the intersection, labeled "Well". Dimensions are noted as "100ft" along Wheeler Green Rd and "18-31" along Taylor St. Directional arrows indicate North, South, East, and West.			
WELL TEST*			
Pre-Pumping Static Level <u>11</u> ft. Date <u>6-21-17</u>			
Measured from: ☐ Top of Casing ☐ Ground Level ☐ Other			
☒ Air ☐ Balling ☐ Pumping* ☐ Other			
Test Rate <u>12</u> gpm Duration of Test <u>.5</u> hrs.			
Feet of Drawdown <u>2</u> ft Sustainable Yield <u>12</u> 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>G.O.P.</u>			
PUMP/PITLESS			
Type of pump <u>SUB</u> Capacity <u>10</u> gpm			
Pump set at <u>60</u> ft Pitless Type <u>CLEARVIEW</u>			
Pump installed by <u>W.B. BRISTOW DRILLING LLC</u>			
I hereby certify the information given is accurate and correct to the best of my knowledge.			
Drilling Firm <u>W.B. BRISTOW DRILLING (CAUTION)</u>			
Address <u>7519 CEDAR</u>			
City, State, Zip <u>BELLEFONTAIN OHIO 43311</u>			
Signed <u>[Signature]</u> Date <u>6-22-17</u>			
ODH Registration Number <u>2145</u>			
(If more space is needed to complete drilling log, use next consecutively numbered form.)			
Date of Well Completion <u>6-21-17</u> Total Depth of Well <u>70</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 SOIL AND WATER RESOURCES, 2045 MORSE ROAD BLD. B, COLS., OHIO 43229-6693

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