

WELL LOG AND DRILLING REPORT

DNR 7802.05e

Ohio Department of Natural Resources
Division of Water, 2045 Morse Road, Columbus, Ohio 43229-6605
Voice (614) 265-6740 Fax (614) 265-6767

Well Log Number

2029908

Page 1 of 1 for this record.

WELL LOCATION	CONSTRUCTION DETAILS																																													
County <u>HANCOCK</u> Township <u>ALLEN</u>	Drilling Method: <u>MUD ROTARY</u>																																													
Owner/Builder <u>KEVIN CURRY</u>	BOREHOLE/CASING (Measured from ground surface)																																													
Address of Well Location <u>13966 TR 218</u>	1 { Borehole Diameter <u>9.5</u> inches Depth <u>56</u> ft. Casing Diameter <u>6</u> in. Length <u>57.5</u> ft. Thickness <u>0.316</u> in.																																													
City <u>VAN BUREN</u> Zip Code +4 <u>45889</u>	2 { Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.																																													
Permit No. <u>061-10</u> Section; _____ and/or Lot No. _____	Casing Height Above Ground <u>1.5</u> ft.																																													
Use of Well <u>DOMESTIC</u>	Type { 1: <u>PVC</u> 2: _____																																													
Coordinates of Well (Use only one of the below coordinate systems)	Joints { 1: <u>Solvent</u> 2: _____																																													
<u>State Plane Coordinates</u>	SCREEN																																													
N ☐ X _____ +/- _____ ft.	Diameter _____ in. Slot Size _____ in. Screen Length _____ ft.																																													
S ☐ Y _____ +/- _____ ft.	Type _____ Material _____																																													
<u>Latitude, Longitude Coordinates</u>	Set Between _____ ft. and _____ ft.																																													
Latitude: <u>41.138333</u> Longitude: <u>-83.6125</u>	GRAVEL PACK (Filter Pack)																																													
Elevation of Well in feet: <u>775</u> +/- <u>50</u> ft.	Material/Size _____ Vol/Wt. Used _____																																													
Datum Plane: ☐ NAD27 ☒ NAD83 Elevation Source <u>DIGITAL MAP</u>	Method of Installation _____																																													
Source of Coordinates: <u>DIGITAL MAP</u>	Depth: Placed From: _____ ft. To: _____ ft.																																													
Well location written description:	GROUT																																													
	Material <u>Bentonite/polymer slurry</u> Vol/Wt. Used <u>120gal /250lbs</u>																																													
	Method of Installation <u>Pumped w/Tremie pipe</u>																																													
	Depth: Placed From: <u>55</u> ft. To: <u>0</u> ft.																																													
Comments on water quality/quantity and well construction: <u>CLEAR, NO SULFUR</u>	DRILLING LOG*																																													
	FORMATIONS INCLUDE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.																																													
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Color</th> <th>Texture</th> <th>Formation</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>BROWN</td> <td>SOFT</td> <td>CLAY</td> <td>0</td> <td>15</td> </tr> <tr> <td>BROWN-GRAY</td> <td>SOFT</td> <td>SAND AND CLAY</td> <td>15</td> <td>25</td> </tr> <tr> <td>GRAY</td> <td>SOFT</td> <td>CLAY</td> <td>25</td> <td>40</td> </tr> <tr> <td>GRAY</td> <td>HARD</td> <td>CLAY</td> <td>40</td> <td>49</td> </tr> <tr> <td>GRAY</td> <td>BROKEN</td> <td>LIMESTONE</td> <td>49</td> <td>52</td> </tr> <tr> <td>GRAY</td> <td>HARD</td> <td>LIMESTONE</td> <td>52</td> <td>58</td> </tr> <tr> <td>GRAY</td> <td>SOFT</td> <td>LIMESTONE</td> <td>58</td> <td>63</td> </tr> <tr> <td colspan="3" style="text-align: right;">Water Encountered At</td> <td>60</td> <td>62</td> </tr> </tbody> </table>	Color	Texture	Formation	From	To	BROWN	SOFT	CLAY	0	15	BROWN-GRAY	SOFT	SAND AND CLAY	15	25	GRAY	SOFT	CLAY	25	40	GRAY	HARD	CLAY	40	49	GRAY	BROKEN	LIMESTONE	49	52	GRAY	HARD	LIMESTONE	52	58	GRAY	SOFT	LIMESTONE	58	63	Water Encountered At			60	62
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WELL TEST *																																														
Pre-Pumping Static Level <u>28</u> ft. Date <u>10/30/2010</u>																																														
Measured from <u>TOP OF CASING</u>																																														
Pumping test method <u>AIR</u>																																														
Test Rate <u>16</u> gpm Duration of Test <u>1</u> hrs.																																														
Feet of Drawdown <u>0</u> ft. Sustainable Yield <u>16</u> gpm																																														
*(Attach a copy of the pumping test record, per section 1521.05, ORC)																																														
Is Copy Attached? ☐ Yes ☒ No Flowing Well? ☐ Yes ☒ No																																														
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>BOES WELL DRILLING LLC</u>																																														
Address <u>2735 TR 155</u>																																														
City, State, Zip <u>TIFFIN OH 44883</u>																																														
Signed <u>JERRY BOES</u> Date <u>11/9/2010</u>																																														
(Filed Electronically)																																														
ODH Registration Number <u>03000</u>	Aquifer Type (Formation producing the most water.) <u>LIMESTONE</u>																																													
	Date of Well Completion <u>10/30/2010</u> Total Depth of Well <u>63</u> ft.																																													

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.
Distribute copies of this record to Customer, and Local Health Department.