

WELL LOG AND DRILLING REPORT

DNR 7802.05e

Ohio Department of Natural Resources
Division of Geological Survey, 2045 Morse Road, Columbus, Ohio 43229-6605
Phone (614) 265-6576

Well Log Number

3024952Page 1 of 1 for this record.

WELL LOCATION	CONSTRUCTION DETAILS																																								
County <u>PREBLE</u> Township <u>LANIER</u>	Drilling Method: <u>MUD ROTARY</u>																																								
<u>SOUTHERN CHARM REI VANOVER</u> Owner/Builder	BOREHOLE/CASING (Measured from ground surface)																																								
<u>1389 LEON DR</u> Address of Well Location	1 { Borehole Diameter <u>7.88</u> inches Depth <u>126</u> ft. Casing Diameter <u>5</u> in. Length <u>121</u> ft. Thickness <u>0.38</u> in.																																								
City <u>WEST ALEXANDRIA</u> Zip Code +4 <u>45381</u>	2 { Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.																																								
Permit No. <u>3895</u> Section; _____ and/or Lot No. _____	Casing Height Above Ground <u>2</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: _____																																								
Latitude, Longitude Coordinates	SCREEN																																								
Latitude: <u>39.734</u> Longitude: <u>-84.545</u>	Diameter <u>5</u> in. Slot Size <u>0.05</u> in. Screen Length <u>5</u> ft.																																								
Elevation of Well in feet: <u>905.8</u> +/- _____ ft.	Type <u>MACHINE-SLOTTED</u> Material <u>GALVANIZED STEEL</u>																																								
Datum Plane: ☐ NAD27 ☐ NAD83 Elevation Source <u>DIGITAL MAP</u>	Set Between <u>121</u> ft. and <u>126</u> ft.																																								
Source of Coordinates: <u>GPS</u>	GRAVEL PACK (Filter Pack)																																								
Well location written description:	Material/Size _____ Vol/Wt. Used _____																																								
	Method of Installation _____																																								
	Depth: Placed From: _____ ft. To: _____ ft.																																								
	GROUT																																								
	Material _____ Vol/Wt. Used _____																																								
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	Depth: Placed From: _____ ft. To: _____ ft.																																								
	DRILLING LOG*																																								
Comments on water quality/quantity and well construction: <u>clear</u>	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>RED</td><td>CLAYEY</td><td>CLAY</td><td>0</td><td>13</td></tr><tr><td>RED</td><td>FINE</td><td>SAND</td><td>13</td><td>17</td></tr><tr><td>GRAY</td><td>CLAYEY</td><td>CLAY</td><td>17</td><td>36</td></tr><tr><td>GRAY</td><td>FINE</td><td>SAND</td><td>36</td><td>39</td></tr><tr><td>GRAY</td><td>CLAYEY</td><td>CLAY</td><td>39</td><td>117</td></tr><tr><td>GRAY</td><td>COARSE</td><td>GRAVEL</td><td>117</td><td>126</td></tr><tr><td></td><td></td><td>WATER AT</td><td>116</td><td>126</td></tr></tbody></table>	Color	Texture	Formation	From	To	RED	CLAYEY	CLAY	0	13	RED	FINE	SAND	13	17	GRAY	CLAYEY	CLAY	17	36	GRAY	FINE	SAND	36	39	GRAY	CLAYEY	CLAY	39	117	GRAY	COARSE	GRAVEL	117	126			WATER AT	116	126
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WELL TEST *																																									
Pre-Pumping Static Level <u>55</u> ft. Date <u>8/25/2025</u>																																									
Measured from <u>TOP OF CASING</u>																																									
Pumping test method <u>BAILING</u>																																									
Test Rate <u>20</u> gpm Duration of Test <u>1</u> hrs.																																									
Feet of Drawdown <u>5</u> ft. Sustainable Yield <u>20</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 <u>SUBMERSIBLE</u> Capacity <u>10</u> gpm																																									
Pump set at <u>80</u> ft. Pitless Type <u>BOLT THROUGH</u>																																									
Pump installed by <u>L.M.KETTLER INC.</u>																																									
I hereby certify the information given is accurate and correct to the best of my knowledge.																																									
Drilling Firm <u>L M KETTLER INC</u>																																									
Address <u>2910 W Endsley</u>																																									
City, State, Zip <u>RICHMOND IN 47374</u>																																									
Signed <u>JEFFERY KETTLER</u> Date <u>9/9/2025</u>																																									
(Filed Electronically)																																									
ODH Registration Number <u>000918</u>	Last Revised on <u>9/23/2025</u>																																								
	Aquifer Type (Formation producing the most water.) <u>GRAVEL</u>																																								
	Date of Well Completion <u>08/25/2025</u> Total Depth of Well <u>126</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.