

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

3030963

Page 1 of 2 for this record.

WELL LOCATION	CONSTRUCTION DETAILS																																													
County <u>WILLIAMS</u> Township <u>CENTER</u>	Drilling Method: <u>MUD ROTARY</u>																																													
Owner/Builder <u>ANDREW MYERS</u>	BOREHOLE/CASING (Measured from ground surface)																																													
Address of Well Location <u>108 FORD</u>	1 { Borehole Diameter <u>8</u> inches Depth <u>107</u> ft. Casing Diameter <u>5</u> in. Length <u>104</u> ft. Thickness <u>0.265</u> in.																																													
City <u>BRYAN</u> Zip Code +4 <u>43506</u>	2 { Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.																																													
Permit No. <u>4221</u> Section; _____ and/or Lot No. _____	Casing Height Above Ground <u>1</u> ft.																																													
Use of Well <u>DOMESTIC</u>	Type { 1: <u>PVC</u> 2: _____																																													
	Joints { 1: <u>SOLVENT</u> 2: _____																																													
Coordinates of Well (Use only one of the below coordinate systems)	SCREEN																																													
Latitude, Longitude Coordinates	Diameter <u>5</u> in. Slot Size <u>0.02</u> in. Screen Length <u>3</u> ft.																																													
Latitude: <u>41.48036</u> Longitude: <u>-84.5908</u>	Type <u>CONTINUOUS WIRE WOUND</u> Material <u>STAINLESS STEEL</u>																																													
Elevation of Well in feet: <u>784.8</u> +/- _____ ft.	Set Between <u>104</u> ft. and <u>107</u> ft.																																													
Datum Plane: ☐ NAD27 ☐ NAD83 Elevation Source <u>DIGITAL MAP</u>	GRAVEL PACK (Filter Pack)																																													
Source of Coordinates: <u>GPS</u>	Material/Size <u>#7 QUARTZ</u> Vol/Wt. Used <u>400LBS</u>																																													
Well location written description:	Method of Installation <u>POURED (GRAVITY)</u>																																													
	Depth: Placed From: <u>97</u> ft. To: <u>107</u> ft.																																													
	GROUT																																													
	Material <u>BENTONITE SLURRY</u> Vol/Wt. Used <u>5 BAGS @22 GAL PER</u>																																													
	Method of Installation <u>PUMPED WITH TREMIE PIPE</u>																																													
	Depth: Placed From: <u>0</u> ft. To: <u>97</u> ft.																																													
Comments on water quality/quantity and well construction:	DRILLING LOG*																																													
	FORMATIONS INCLUDE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.																																													
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Color</th> <th style="width: 20%;">Texture</th> <th style="width: 40%;">Formation</th> <th style="width: 10%;">From</th> <th style="width: 10%;">To</th> </tr> </thead> <tbody> <tr> <td>YELLOW</td> <td></td> <td>CLAY</td> <td>0</td> <td>8</td> </tr> <tr> <td>GRAY</td> <td>SOFT</td> <td>CLAY</td> <td>8</td> <td>21</td> </tr> <tr> <td>GRAY</td> <td></td> <td>CLAY & SAND</td> <td>21</td> <td>39</td> </tr> <tr> <td></td> <td></td> <td>GRAVEL</td> <td>39</td> <td>42</td> </tr> <tr> <td>GRAY</td> <td></td> <td>CLAY & SAND</td> <td>42</td> <td>62</td> </tr> <tr> <td></td> <td>FINE</td> <td>SAND</td> <td>62</td> <td>94</td> </tr> <tr> <td></td> <td></td> <td>GRAVEL</td> <td>94</td> <td>107</td> </tr> <tr> <td></td> <td></td> <td>WATER AT</td> <td>94</td> <td>107</td> </tr> </tbody> </table>	Color	Texture	Formation	From	To	YELLOW		CLAY	0	8	GRAY	SOFT	CLAY	8	21	GRAY		CLAY & SAND	21	39			GRAVEL	39	42	GRAY		CLAY & SAND	42	62		FINE	SAND	62	94			GRAVEL	94	107			WATER AT	94	107
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WELL TEST *																																														
Pre-Pumping Static Level <u>12</u> ft. Date <u>6/11/2026</u>																																														
Measured from <u>TOP OF CASING</u>																																														
Pumping test method <u>AIR</u>																																														
Test Rate <u>100</u> gpm Duration of Test <u>1</u> hrs.																																														
Feet of Drawdown <u>2</u> ft. Sustainable Yield <u>100</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>12</u> gpm																																														
Pump set at <u>40</u> 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>KAUFMAN WELL DRILLING INC</u>																																														
Address <u>5134 COUNTY ROAD 16</u>																																														
City, State, Zip <u>WATERLOO IN 46793</u>																																														
Signed <u>MICHAEL KAUFMAN</u> Date <u>6/19/2026</u>																																														
(Filed Electronically)																																														
ODH Registration Number <u>001120</u> Last Revised on <u>7/3/2026</u>	Aquifer Type (Formation producing the most water.) <u>GRAVEL</u>																																													
	Date of Well Completion <u>06/11/2026</u> Total Depth of Well <u>107</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.

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