

Well Log Number

DNR 7802.05e

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

3031913

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WELL LOCATION		CONSTRUCTION DETAILS																																				
County <u>SENECA</u> Township <u>CLINTON</u>		Drilling Method: <u>MUD/AIR ROTARY</u>																																				
Owner/Builder <u>CHRIS CLINGER</u>		BOREHOLE/CASING (Measured from ground surface)																																				
Address of Well Location <u>2894 BRIARWOOD DR</u>		1 { Borehole Diameter <u>8.75</u> inches Depth <u>55.5</u> ft. Casing Diameter <u>5</u> in. Length <u>57</u> ft. Thickness <u>0.265</u> in.																																				
City <u>TIFFIN</u> Zip Code +4 <u>44883</u>		2 { Borehole Diameter <u>4.75</u> inches Depth <u>100</u> ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.																																				
Permit No. <u>26036</u> Section; _____ and/or Lot No. _____		Casing Height Above Ground _____ 1.5 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>41.082093</u> Longitude: <u>-83.140792</u>		Diameter _____ in. Slot Size _____ in. Screen Length _____ ft.																																				
Elevation of Well in feet: <u>796.3</u> +/- _____ ft.		Type _____ Material _____																																				
Datum Plane: ☐ NAD27 ☐ NAD83 Elevation Source <u>DIGITAL MAP</u>		Set Between _____ ft. and _____ ft.																																				
Source of Coordinates: <u>DIGITAL OR ONLINE MAP</u>		GRAVEL PACK (Filter Pack)																																				
Well location written description:		Material/Size _____ Vol/Wt. Used _____																																				
Comments on water quality/quantity and well construction:		Method of Installation _____																																				
		Depth: Placed From: _____ ft. To: _____ ft.																																				
		GROUT																																				
		Material <u>BENTONITE SLURRY</u> Vol/Wt. Used <u>250LBS/ 100 GALLONS</u>																																				
		Method of Installation <u>PUMPED WITH TREMIE PIPE</u>																																				
		Depth: Placed From: <u>0</u> ft. To: <u>55.5</u> ft.																																				
		DRILLING LOG*																																				
		FORMATIONS INCLUDE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.																																				
		<table><thead><tr><th>Color</th><th>Texture</th><th>Formation</th><th>From</th><th>To</th></tr></thead><tbody><tr><td></td><td></td><td>CLAY</td><td>0</td><td>31</td></tr><tr><td></td><td></td><td>GRAVEL</td><td>31</td><td>43</td></tr><tr><td></td><td></td><td>CLAY & GRAVEL</td><td>43</td><td>48</td></tr><tr><td></td><td></td><td>GRAVEL</td><td>48</td><td>52</td></tr><tr><td></td><td></td><td>LIMESTONE</td><td>52</td><td>100</td></tr><tr><td></td><td></td><td>WATER AT</td><td>75</td><td>95</td></tr></tbody></table>		Color	Texture	Formation	From	To			CLAY	0	31			GRAVEL	31	43			CLAY & GRAVEL	43	48			GRAVEL	48	52			LIMESTONE	52	100			WATER AT	75	95
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WELL TEST *																																						
Pre-Pumping Static Level <u>19</u> ft. Date <u>8/5/2026</u>																																						
Measured from <u>TOP OF CASING</u>																																						
Pumping test method <u>PUMPING</u>																																						
Test Rate <u>14</u> gpm Duration of Test <u>0.5</u> hrs.																																						
Feet of Drawdown <u>20</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																																						
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 WATER WELL DRILLING</u>																																						
Address <u>8985 TOWNSHIP HIGHWAY 18 HGWY</u>																																						
City, State, Zip <u>MCCUTCHENVILLE OH 44844</u>																																						
Signed <u>MATTHEW BOES</u> Date <u>8/6/2026</u>																																						
(Filed Electronically)																																						
ODH Registration Number <u>004043</u> Last Revised on <u>8/7/2026</u>		Aquifer Type (Formation producing the most water.) <u>LIMESTONE</u>																																				
		Date of Well Completion <u>08/05/2026</u> Total Depth of Well <u>100</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.

WELL LOG AND DRILLING REPORT

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

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