# WELL LOG AND DRILLING REPORT

719517

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

Ohio Department of Natural Resources, Divison of Water
1939 Fountain Square Drive, Columbus, Ohio 43224 Phone (614) 265-6739

Permit Number 371370

COUNTY MARION TOWNSHIP Scott SECTION/LOT No. (CIRCLE ONE) 14

OWNER/BUILDER (CIRCLE ONE OR BOTH) ELDEN BEERS PROPERTY ADDRESS 5388 MORRAL KIRKPATRICK RD E (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY 5388 MORRAL KIRKPATRICK RD EAST, EAST OF ST. RT. 98

## CONSTRUCTION DETAILS

**CASING**
[1] Diameter 5 in. Length 36 ft. Wall Thickness SDR 21 in.
[2] Diameter ____ in. Length ____ ft. Wall Thickness ____ in.
Type: [1] Steel [1] Galv. [X] PVC [1] [2] Other
Joints: [1] Threaded [1] Welded [X] Solvent [1] [2] Other
Liner: Length ____ Type ____ Wall Thickness ____ in.

**SCREEN**
Type (wire wrapped, louvered, etc.) SLOT Material PVC
Length 5 ft. Diameter 5 in. Slot ____
Set between 30 ft. and 35 ft.

Borehole Diameter 12 1/4 in.

**GROUT**
Material BENSEAL Volume used 3 BAGS
Method of installation POURED
Depth: placed from SURFACE ft. to 30 ft.

**GRAVEL PACK** (Filter Pack)
Material GRAVEL Volume used 25 GALLON
Method of installation POURED
Depth: placed from SURFACE 30 ft. to 36 ft.

**Pitless Device** [ ] Adapter [ ] Preassembled unit
**Use of Well** DOMESTIC
[X] Rotary [ ] Cable [ ] Augered [ ] Driven [ ] Dug [ ] Other
Date of Completion 5-6-91

## WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

| Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc. | From | To |
|---|---|---|
| TOPSOIL | 0 | 1 |
| CLAY | 1 | 23 |
| SAND | 23 | 24 |
| SAND AND GRAVEL | 24 | 36 |

## WELL TEST

[ ] Bailing [X] Pumping* [ ] Other
Test rate 5 gpm Duration of test 24 hrs.
Drawdown 30 ft.
Measured from: [X] top of casing [ ] ground level [ ] Other
Static Level (depth to water) 10 ft. Date: 5-7-91
Quality (clear, cloudy, taste, odor) CLEAR

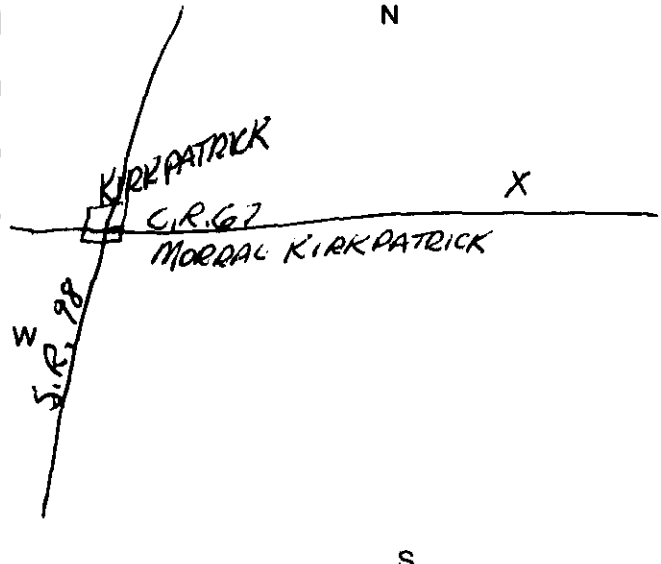
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

## PUMP

Type of pump ____ Capacity ____ gpm
Pump set at ____ ft.
Pump installed by OTHER

## SKETCH SHOWING WELL LOCATION

Show distances well lies from numbered state highways, street intersections, county roads, etc.




*If additional space is needed to complete well log, use next consecutively numbered form.

DNR 7802.90

Drilling Firm C. ELLSWORTH WELLS AND PUMPS
Address 2562 MARION UPPER SANDUSKY RD.
City, State, Zip MARION OHIO 43302

Signed [signature]
Date June 1, 1991
ODH Registration Number 187

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 WATER, 1939 FOUNTAIN SQ. DRIVE, COLS., OHIO 43224

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