WELL LOG AND DRILLING REPORT

733546

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 6008

COUNTY Marion TOWNSHIP Claridon SECTION/LOT No. (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) Walter Poetker PROPERTY ADDRESS 1591 Brockleby Rd (ADDRESS OF WELL LOCATION)

LOCATION OF PROPERTY Marion Ohio

CONSTRUCTION DETAILS

CASING

Borehole Diameter 12 in.

[1] Diameter 5 in. Length 36 ft. Wall Thickness .4 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.) Slotted Material PVC

Length 4 ft. Diameter ____ in.

Set between 31 ft. and 36 ft. Slot 60

GROUT

Material Bentonite Volume used 5 bags

Method of installation Cuttings

Depth: placed from 0 ft. to 31 ft.

GRAVEL PACK (Filter Pack)

Material Gravel Volume used ____

Method of installation ____

Depth: placed from 31 ft. to 36 ft.

Pitless Device ☐ Adapter ☐ Preassembled unit

Use of Well ____

☒ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other ____

Date of Completion ____

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	
0	21	Clay
21	25	Shale
25	36	Sand & Gravel

Wells is 36 ft deep

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

WELL TEST

☐ Bailing ☒ Pumping* ☐ Other ____

Test rate 10 gpm Duration of test 1 hrs.

Drawdown ____ ft.

Measured from: ☒ top of casing ☐ ground level ☐ Other ____

Static Level (depth to water) 9 ft. Date: ____

Quality (clear, cloudy, taste, odor) Clear

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

PUMP

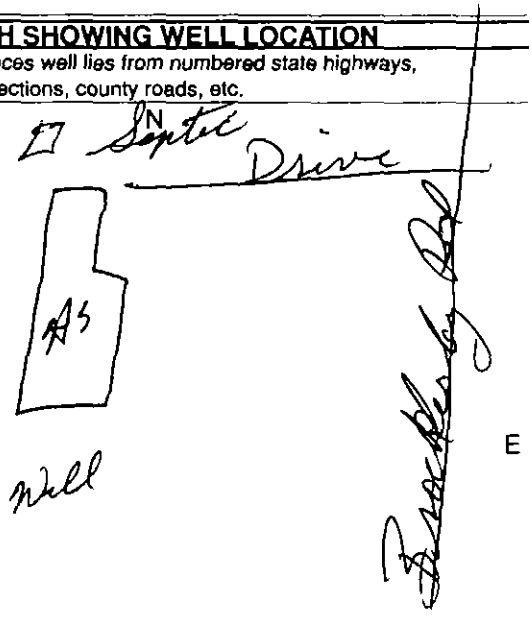
Type of pump ____ Capacity ____ gpm

Pump set at ____ ft.

Pump installed by ____

SKETCH SHOWING WELL LOCATION

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



DNR 7802.90

Drilling Firm Bills Drilling Service

Address 1198 N. Main St

City, State, Zip Marion, Ohio

Signed ____

Date 8/14/96

ODH Registration Number 1755

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