

WELL LOG AND DRILLING REPORT

739931

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

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

Permit Number 1189

COUNTY Auglaize

TOWNSHIP CLAY

SECTION/LOT No. 11802
(CIRCLE ONE)

OWNER/BUILDER RALPH PLANTA
(CIRCLE ONE OR BOTH)

PROPERTY ADDRESS 11802 KENSTLE Rd Wapakoneta OH 45895
(ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY 11802 KENSTLE Rd Wapakoneta OH 45895

CONSTRUCTION DETAILS

CASING
 1 Diameter 6 in. Length 178 ft. Wall Thickness 1/2 in. Material BEANSPEAL Volume used 200 LB
 2 Diameter _____ in. Length _____ ft. Wall Thickness _____ in. Method of installation Trim PIPE
 Type: 1 Steel 1 Galv. 2 PVC 1 Other _____
 Joints: 1 Threaded 1 Welded 2 Solvent 1 Other _____
 Liner: Length _____ Type _____ Wall Thickness _____ in. Depth: placed from _____ ft. to _____ ft.

SCREEN
 Type (wire wrapped, louvered, etc.) _____ Material _____
 Length _____ ft. Diameter _____ in.
 Set between _____ ft. and _____ ft. Slot _____

GROUT
 Material _____ Volume used _____
 Method of installation _____
 Depth: placed from _____ ft. to _____ ft.
 Pitless Device ☒ Adapter ☐ Preassembled unit
 Use of Well DOMESTIC
☒ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
 Date of Completion JULY 29 93

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
<u>YELLOW CLAY</u>	<u>0</u>	<u>18</u>
<u>Rock Sand CLAY</u>	<u>18</u>	<u>50</u>
<u>BLUE CLAY</u>	<u>50</u>	<u>108</u>
<u>SAND CLAY</u>	<u>108</u>	<u>130</u>
<u>CLAY HARD</u>	<u>130</u>	<u>165</u>
<u>BROWN CLAY</u>	<u>165</u>	<u>178</u>
<u>LIME</u>	<u>178</u>	<u>200</u>
<u>WATER</u>	<u>196</u>	<u>200</u>

WELL TEST

☐ Bailing ☒ Pumping* ☐ Other _____
 Test rate 12 gpm Duration of test 1 hrs.
 Drawdown 2 ft.
 Measured from: ☒ Top of casing ☐ ground level ☐ Other _____
 Static Level (depth to water) 28 ft. Date: JULY 29 93
 Quality (clear, cloudy, taste, odor) _____

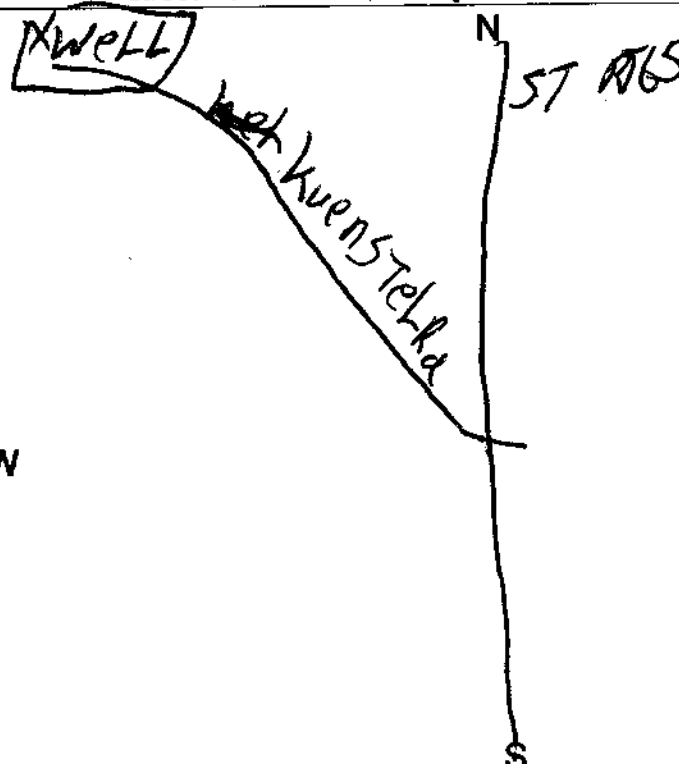
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump SUBMERSIBLE Capacity 10 gpm
 Pump set at 60 F ft.
 Pump installed by TOM MYERS

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 Tom Myers
 Address 13483
 City, State, Zip LAKEVIEW OH 43331

Signed Tom Myers
 Date 8-5-93
 ODH Registration Number 286

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.
 5423 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