

WELL LOG AND DRILLING REPORT

739933

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

53

COUNTY Hardin

TOWNSHIP McDonough

SECTION/LOT No. 3951
(CIRCLE ONE)

OWNER/BUILDER Duane Shaffer
(CIRCLE ONE OR BOTH)

PROPERTY ADDRESS 3951 COR 200 Belle Center
(ADDRESS OF WELL LOCATION A) 43310

LOCATION OF PROPERTY 3951 COR 200 EAST OF Round Head

CONSTRUCTION DETAILS

CASING		Borehole Diameter <u>8 1/2</u> in.	GROUT
[1] Diameter <u>6</u> in.	Length <u>134</u> ft.	Wall Thickness <u>1/8</u> in.	Material <u>BEAN SEAL</u> Volume used <u>275 LB</u>
[2] Diameter _____ in.	Length _____ ft.	Wall Thickness _____ in.	Method of installation <u>TRIMPIPE</u>
Type: [1] Steel [2] Galv. [3] PVC [4] Other _____		Depth: placed from <u>125</u> ft. to <u>SURFACE</u> ft.	GRAVEL PACK (Filter Pack)
Joints: [1] Threaded [2] Welded [3] Solvent [4] Other _____		Material _____ Volume used _____	Method of installation _____
Liner: Length _____ Type _____ Wall Thickness _____ in.		Depth: placed from _____ ft. to _____ ft.	Pitless Device [X] Adapter [] Preassembled unit
SCREEN			Use of Well <u>DOMESTIC</u>
Type (wire wrapped, louvered, etc.) _____ Material _____			[] Rotary [] Cable [] Augered [] Driven [] Dug [] Other _____
Length _____ ft. Diameter _____ in.			Date of Completion <u>Aug 30 93</u>
Set between _____ ft. and _____ ft. Slot _____			

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
CLAY	0	3
GRAVEL & CLAY	3	40
MORE GRAVEL AND CLAY	40	132
NO WATER LOST OF ROCK		
WATER	132	134
Limestone and Gravel	132	134
mixed		

WELL TEST

[] Bailing [X] Pumping* [] Other _____

Test rate 15 gpm Duration of test 2 1/2 hrs.

Drawdown None ft.

Measured from: [X] Top of casing [] ground level [] Other _____

Static Level (depth to water) 39 1/2 ft. Date: Aug 30 93

Quality (clear, cloudy, taste, odor) _____

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

PUMP

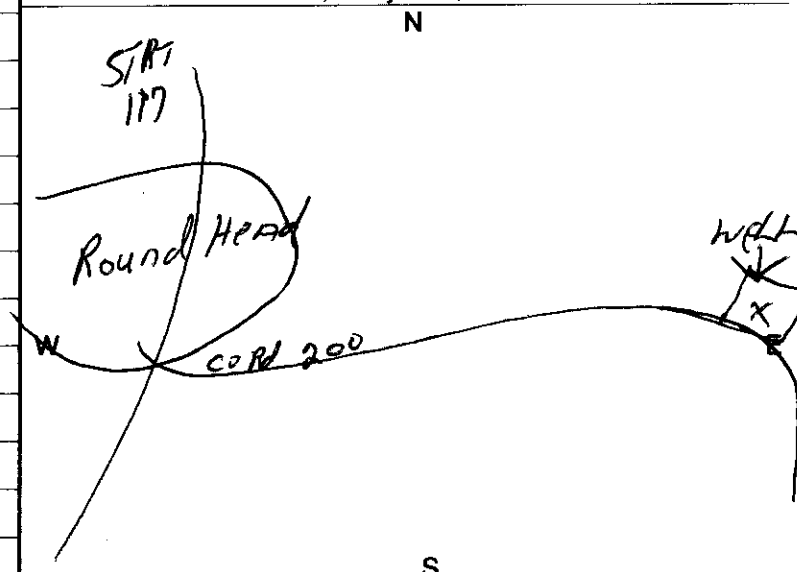
Type of pump SUBMERSIBLE Capacity 10 gpm

Pump set at 83 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 Aug 30 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.

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

5423