TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

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

739939

Permit Number 93-156

COUNTY Logan TOWNSHIP Stokes SECTION (LOT) No. 12348 (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) CALVIN WSTEINMAN PROPERTY ADDRESS 12348 S.R.720 Lakeview OH (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY 12348 S.R. 720 Lakeview OH 43331

CONSTRUCTION DETAILS

CASING

Borehole Diameter 8¾ in.

[1] Diameter 6 in. Length 108 ft. Wall Thickness ⅛ in.

[2] Diameter ____ in. Length ____ ft. Wall Thickness ____ in.

Type: [1] [2] Steel [1] [2] Galv. [4] [2] PVC [1] [2] Other ____

Joints: [1] [2] Threaded [1] [2] Welded [4] [2] Solvent [1] [2] Other ____

Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN

Type (wire wrapped, louvered, etc.) ____ Material ____

Length ____ ft. Diameter ____ in. Slot ____

Set between ____ ft. and ____ ft.

GROUT

Material Bean Seal Volume used 200 LB

Method of installation Trim Pipe

Depth: placed from 100 ft. to SURFACE ft.

GRAVEL PACK (Filter Pack)

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 10-27-93

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
Clay & Top Soil	0	10
Blue Clay	10	50
Sand & Clay	50	80
Gravel & Rock	80	100
Lime and mudv/Some Soft	100	108
Lime Hard	108	130
WATER	130	134

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

WELL TEST

☐ Bailing ☑ Pumping* ☐ Other ____

Test rate 15 gpm Duration of test 4 hrs.

Drawdown 2ft ft.

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

Static Level (depth to water) 14 ft. Date: 10-27-93

Quality (clear, cloudy, taste, odor) ____

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

PUMP

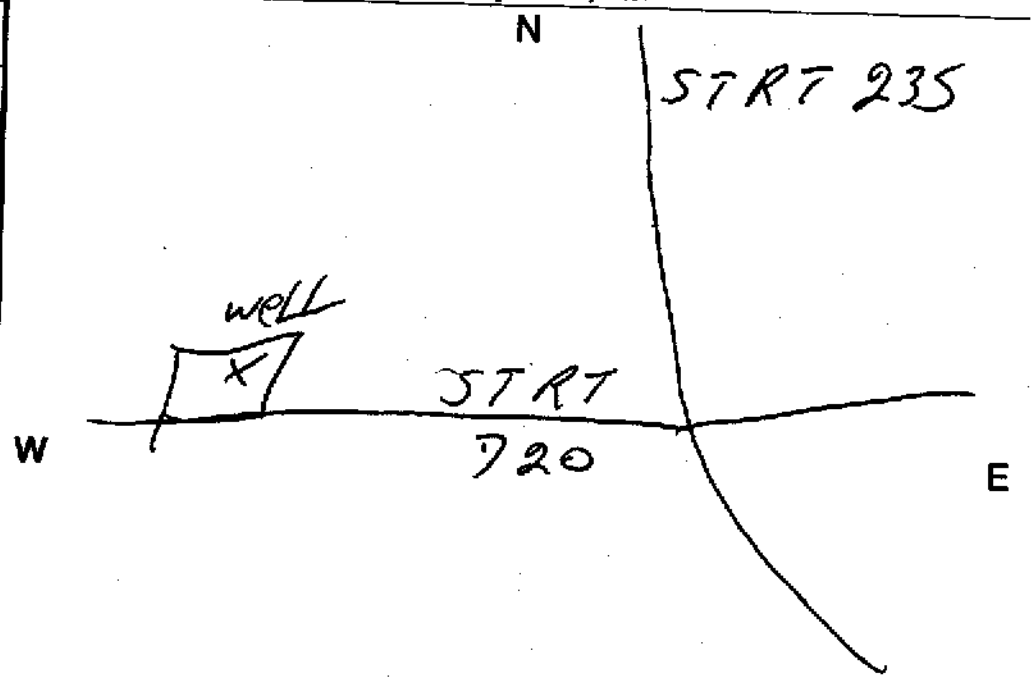
Type of pump Goulds Capacity 10 gpm

Pump set at 55 Ft ft.

Pump installed by Tom Myers

SKETCH SHOWING WELL LOCATION

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



Drilling Firm Tom Myers

Address 13483

City, State, Zip Lakeview OH 43331

Signed Tom Myers

Date 10 27 93

ODH Registration Number 266

DNR 7802.90

5423

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