WELL LOG AND DRILLING REPORT

743182

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 82

COUNTY Hardin TOWNSHIP Buck SECTION/LOT No. (CIRCLE ONE) None

OWNER/BUILDER (CIRCLE ONE OR BOTH) Ronald Risch PROPERTY ADDRESS 13879 Co Rd 155 Kenton, O (ADDRESS OF WELL LOCATION)

LOCATION OF PROPERTY On Co Rd 155 west side of Rd ½ miles South of St Rt 68

CONSTRUCTION DETAILS

CASING

Borehole Diameter 8 3/4 in.

[1] Diameter OD 6 in. Length 42½ ft. Wall Thickness .142 in.
[2] Diameter ____ in. Length ____ ft. Wall Thickness ____ in.

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

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

Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN

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

Length ____ ft. Diameter ____ in.

Set between ____ ft. and ____ ft. Slot ____

GROUT

Material Nat. Inert Mat Volume used ____

Method of installation Gravity

Depth: placed from 41½ 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 Private Dwelling

[X] Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug [X] Other ____

Date of Completion 12-3-91

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
Brown clay	0	10
Gray clay	10	33
Shell Rock	33	41
Lime Stone	41	101

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

WELL TEST

☐ Bailing ☐ Pumping* [X] Other air

Test rate 10 gpm Duration of test ____ hrs.

Drawdown ____ ft.

Measured from: [X] top of casing ☐ ground level ☐ Other ____

Static Level (depth to water) 45 ft. Date: 12-3-91

Quality (clear, cloudy, taste, odor) ____

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

PUMP

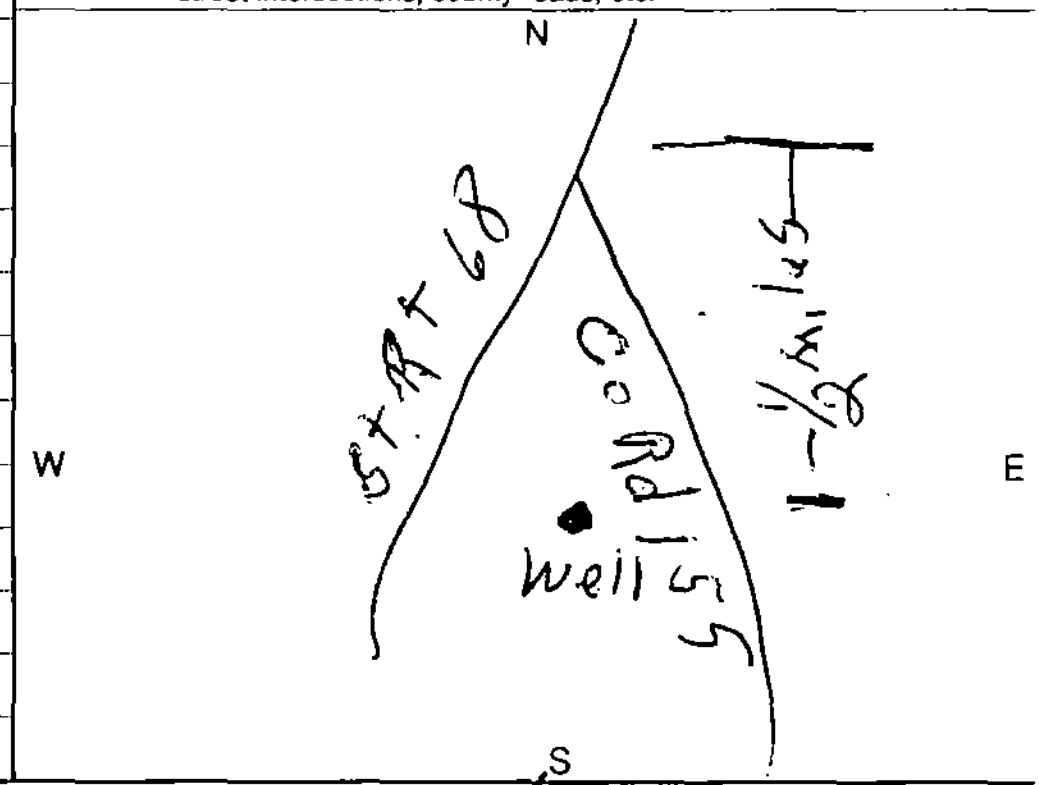
Type of pump ____ Capacity ____ gpm

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 Steinman Well Drilling

Address Box 37

City, State, Zip Gilboa, Ohio 45834

Signed Jerry Steinman

Date 12-9-91

ODH Registration Number 1769

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