WELL LOG AND DRILLING REPORT

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

746868
Permit Number 143109

COUNTY Huron TOWNSHIP GREENFIELD SECTION/LOT No. (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) STANTON E. TAYLOR PROPERTY ADDRESS 1609 PERU CENTER Rd Willard (ADDRESS OF WELL LOCATION) (44890)

LOCATION OF PROPERTY 1609 Peru Center Road

CONSTRUCTION DETAILS

CASING Borehole Diameter ____ in.

[1] Diameter 6.5 in. Length ____ ft. Wall Thickness .15C in.

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

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

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

Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN

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

Length 3 ft. Diameter 3 in.

Set between 78½ ft. and 81½ ft. Slot 20 #

GROUT

Material ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ 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 HOME

☐ 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	33	Yellow clay
33	78½	Blue clay
78½	81½	Sand water

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

WELL TEST

☐ Bailing ☑ Pumping* ☐ Other ____

Test rate 3 gpm Duration of test 2 hrs.

Drawdown Bottom ft.

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

Static Level (depth to water) 45 ft. Date: ____

Quality (clear) cloudy, taste, odor) CLEAR LIGHT SULFUR

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

PUMP

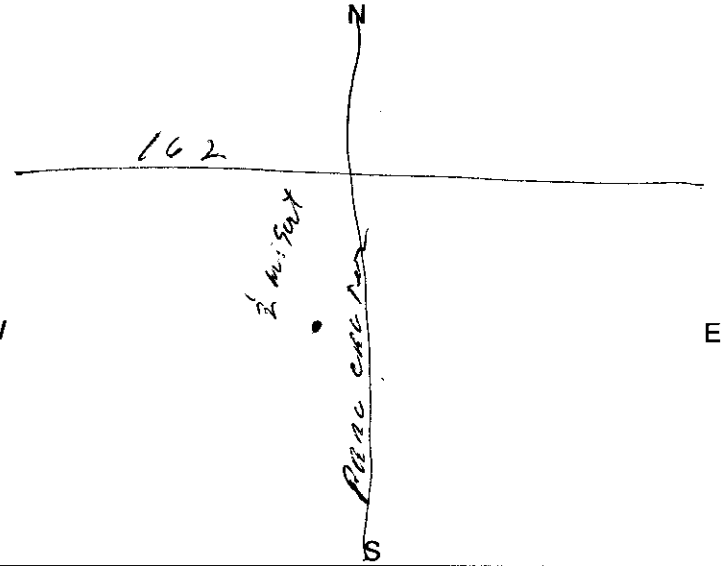
Type of pump ____ Capacity ____ gpm

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 FIFE DRILLING Signed E. E. Fife

Address 561 Boughtonville Rd Date 11-9-83

City, State, Zip Greenwich OH 44837 ODH Registration Number 188

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

5200