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

757448

Permit Number 92-78

COUNTY FULTON TOWNSHIP PIKE SECTION/LOT No. (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) Jacob WAGNER PROPERTY ADDRESS 9190 Co. Rd. L (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY Co. Rd. L 1/4 m west of 109 on North Side

CONSTRUCTION DETAILS

CASING Borehole Diameter _____ in.

[1] Diameter 8 in. Length 30 ft. Wall Thickness 1/4 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.) foot valve Material _____

Length _____ ft. Diameter 1 1/4 in.

Set between 25 ft. and 30 ft. Slot _____

GROUT

Material _____ Volume used _____

Method of installation _____

Depth: placed from _____ ft. to _____ ft.

GRAVEL PACK (Filter Pack)

Material Washed Gravel Volume used 60 ton

Method of installation bucket

Depth: placed from 30 ft. to 20 ft.

Pitless Device [X] Adapter [ ] Preassembled unit

Use of Well house

[ ] Rotary [ ] Cable [ ] Augered [ ] Driven [X] Dug [ ] Other _____

Date of Completion 3/28

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
sand (brown)	0	8
clay (grey)	9	30

WELL TEST

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

Test rate _____ gpm Duration of test _____ hrs.

Drawdown _____ ft.

Measured from: [ ] top of casing [ ] ground level [ ] Other _____

Static Level (depth to water) _____ ft. Date: _____

Quality (clear, cloudy, taste, odor) Clear

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

PUMP

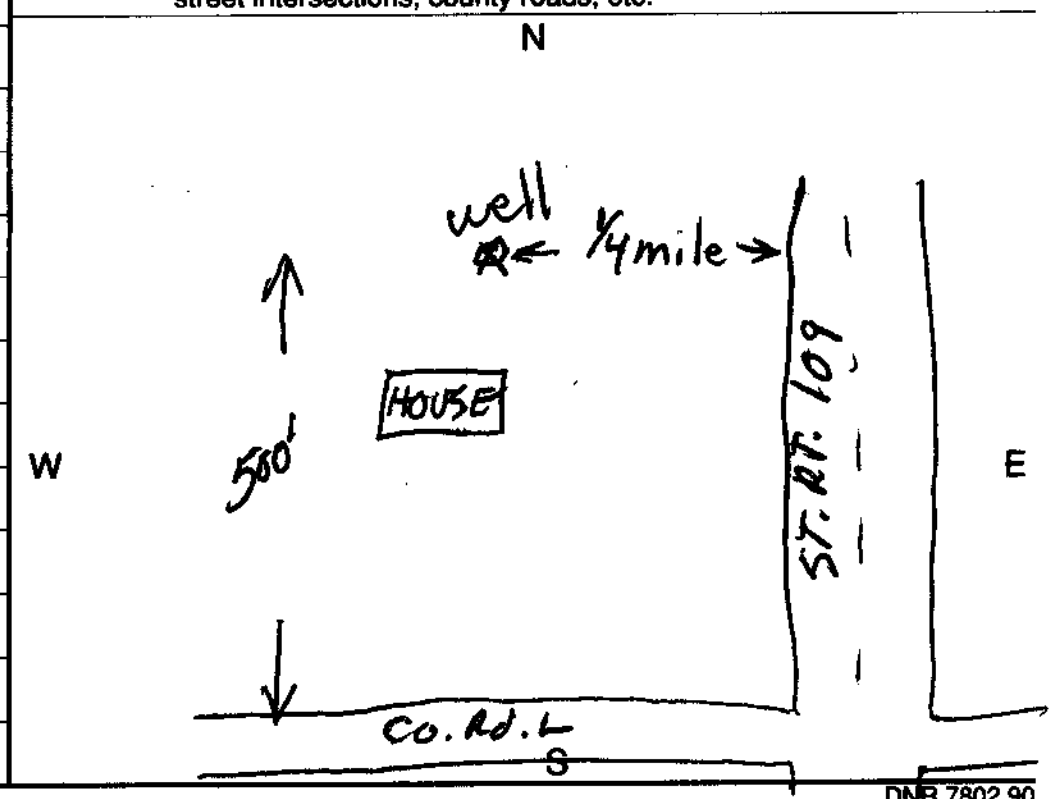
Type of pump Wayne Capacity 35 gpm

Pump set at 10 ft.

Pump installed by Jake Wagner

SKETCH SHOWING WELL LOCATION

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



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

DNR 7802.90

Drilling Firm _____ Signed Jake Wagner

Address _____ Date 5/24/93

City, State, Zip _____ ODH Registration Number _____

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 GOLD - Local Health Dept. copy

Single Well Log