# 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

757714
Permit Number 1164

COUNTY Preble Co TOWNSHIP Harrison SECTION/LOT No. (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) Donnie Loftis PROPERTY ADDRESS 11205 Reynolds RD. (ADDRESS OF WELL LOCATION)

LOCATION OF PROPERTY 11205 West Side Reynolds Rd, ½ mile North of Dongetown-Vonnoy RD.

## CONSTRUCTION DETAILS

**CASING** Borehole Diameter 5 5/8 in.

[1] Diameter 6 in. Length ____ ft. Wall Thickness ____ 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 Bensal Volume used 100

Method of installation Pouring

Depth: placed from Start ft. to Finish 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** ____

☐ Rotary ☑ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other

Date of Completion 5-5-93

## 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 |
|---|---|---|
| Top Soil | 0ft | 3 |
| Clay | 3 | 20 |
| Clay Sand | 20 | 50 |
| Clay Sand | 50 | 70 |
| Sand Gravel | 70 | 100 |
| Gravel Water | 100 | 120 |
| Sand Gravel | 120 | 150 |
| Sand | 150 | 175 |
| Gravel-Water | 175 | 189 |

## WELL TEST

☑ Bailing ☐ Pumping* ☐ Other

Test rate 20 gpm Duration of test 3 hrs.

Drawdown 0 ft.

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

Static Level (depth to water) 37 ft. Date:

Quality (clear, cloudy, taste, odor) Clear

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

## PUMP

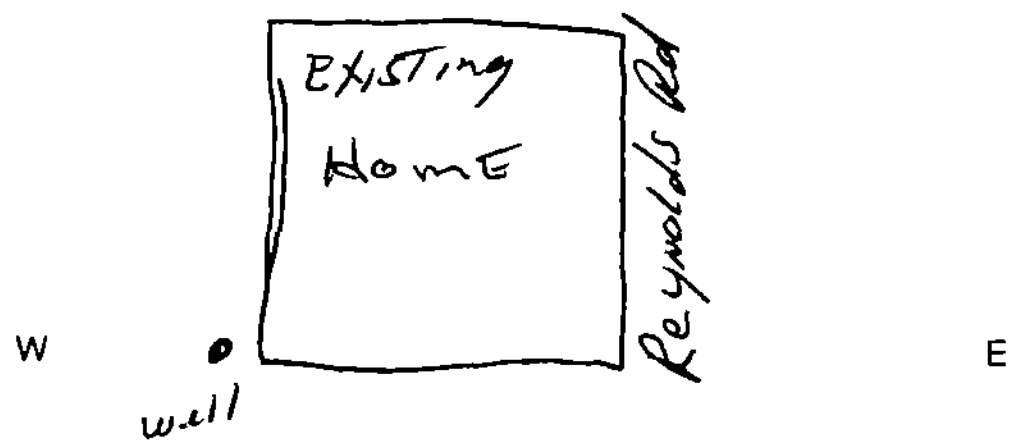
Type of pump ____ Capacity ____ gpm

Pump set at ____ ft.

Pump installed by ____

## SKETCH SHOWING WELL LOCATION

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




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

DNR 7802.90

Drilling Firm Rausch Well Drilling Signed Marian Rausch & Tad Hughes

Address 4633 Sulphur Springs Date 6-3-93

City, State, Zip Brookville, Ohio 45309 ODH Registration Number 1953

5784

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