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

757717

Permit Number 1186

COUNTY Preble Co. TOWNSHIP Lanier SECTION/LOT No. 1301 (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) Darrel Brock PROPERTY ADDRESS 1301 Dusty Lane (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY 1301 Dusty Lane in Culdesac

CONSTRUCTION DETAILS

CASING Borehole Diameter _____ in.

[1] Diameter 6 in. Length 5 5/8 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 Bentonite Volume used 100 pd.

Method of installation Pouring

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 June 1 - 1993

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	4
Clay Sand	4ft	10
Sand	10	20
Sand Gravel	20	50
Gravel	50	70
Water		

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

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other _____

Test rate 20 gpm Duration of test 3 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

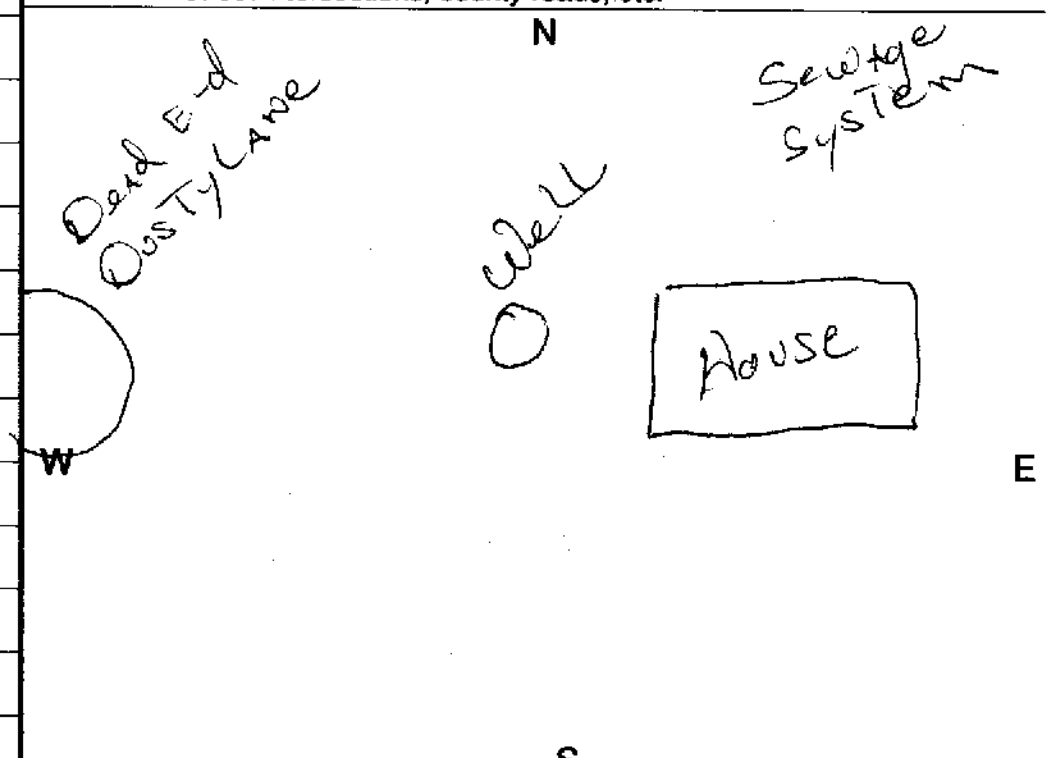
Type of pump _____ Capacity _____ gpm

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 Brush Well Drilling

Address 4633 Sulphur Springs

City, State, Zip Brookville, Ohio 45309

Signed William Brush

Date July 28 - 1993

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