

COUNTY

Marion

TOWNSHIP

Harmoy

SECTION/LOT No.
(CIRCLE ONE)

OWNER/BUILDER
(CIRCLE ONE OR BOTH)

Reno & Leschin

PROPERTY ADDRESS

5380 CR 187

(ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY

5380 CR 187

CONSTRUCTION DETAILS

CASING

Borehole Diameter *5* in.

① Diameter *5 1/2* in. Length *75* ft.

Wall Thickness *1/4* in.

② Diameter in. Length ft.

Wall Thickness in.

Type: ① *Steel* ① Galv. ① PVC

Joints: ① *Threaded* ① Welded ① Solvent

Liner: Length Type Wall Thickness in.

SCREEN

Type (wire wrapped, louvered, etc.) Material

Length *none* ft. Diameter in.

Set between ft. and ft. Slot

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

☐ 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

clay

0 20

sand

20 30

clay

30 40

hard sand gravel

40 60

sand

60 72

gravel

72 75

Water at 75

WELL TEST

☐ Bailing ☒ Pumping* ☐ Other

Test rate *5* gpm Duration of test *10* hrs.

Drawdown *0* ft.

Measured from: ☒ Top of casing ☐ ground level ☐ Other

Static Level (depth to water) *53* ft. Date: *12-1-94*

Quality (clear, cloudy, taste, odor) *clear*

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

PUMP

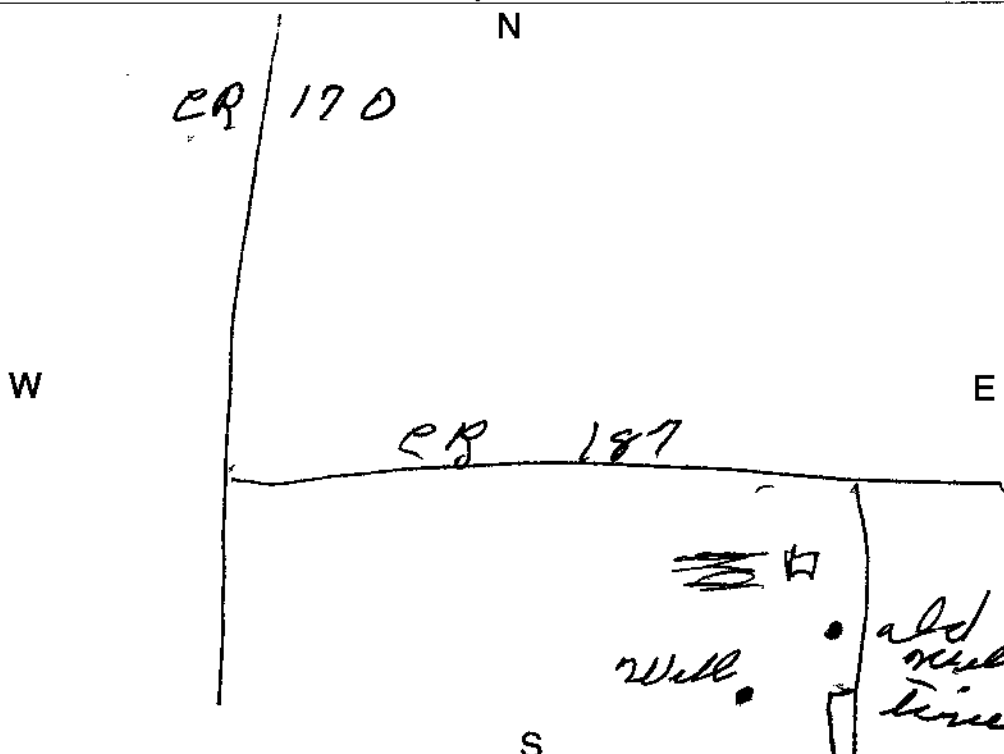
Type of pump *submersible* Capacity *5* gpm

Pump set at *70* ft.

Pump installed by *Dave Drilling*

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.

I hereby certify the information given is accurate and correct to the best of my knowledge.

Drilling Firm *Dave Drilling*

Signed *R. F. Lauter*

Address *3350 CR 170*

Date *12-5-94*

City, State, Zip *Cardington Ohio 43315*

OH Registration Number *1093*

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