DNR 7802.93

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

# WELL LOG AND DRILLING REPORT

775988

Ohio Department of Natural Resources, Divison of Water
1939 Fountain Square Drive, Columbus, Ohio 43224 Phone (614) 265-6739

Permit Number 94-6

COUNTY Fulton TOWNSHIP Clinton SECTION/LOT No. _____ (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) Joel Rivera PROPERTY ADDRESS _____ (ADDRESS OF WELL LOCATION ▲)

LOCATION OF PROPERTY 16220 Rd D Wauseon, Ohio 43567

## CONSTRUCTION DETAILS

**CASING**

[1] Diameter ±05 in. Length 161 ft. Wall Thickness .258 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 _____

Length _____ ft. Diameter _____ in.

Set between _____ ft. and _____ ft. Slot _____

Borehole Diameter 5 in.

**GROUT**

Material Bentonite Volume used 30#

Method of installation around Casing

Depth: placed from 0 ft. to 84 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 2-18-94

## 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 |
|---|---|---|
| Topsoil | 0 | 1 |
| Yellow Clay | 1 | 14 |
| Soft Gray Clay | 14 | 110 |
| Stiff Gray Clay | 110 | 142 |
| Hard Pan & Gravel | 142 | 159 |
| Black Sand, Gravel & Water | 159 | 160 |
| Black Shale | 161 | 178 |

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

## WELL TEST

☒ Bailing ☐ Pumping* ☐ Other _____

Test rate 7 1/2 gpm Duration of test 2 hrs.

Drawdown 18 ft.

Measured from: ☐ top of casing ☒ ground level ☐ Other _____

Static Level (depth to water) 85 ft. Date: 2-18-94

Quality (clear, cloudy, taste, odor) _____

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

## PUMP

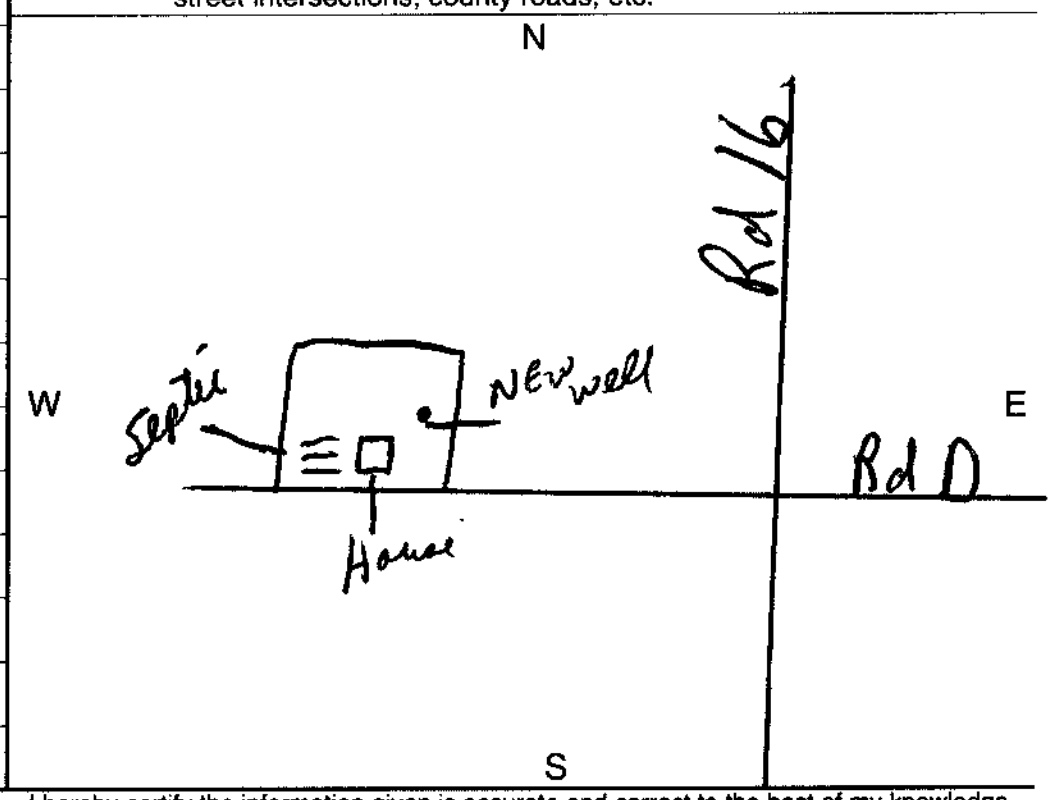
Type of pump Sub Capacity 6 gpm

Pump set at 137' ft.

Pump installed by Larry Rupp

## SKETCH SHOWING WELL LOCATION

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




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

Drilling Firm Larry Rupp Well Drilling

Address 24-455 Rd U

City, State, Zip Stryker Ohio 43557

Signed Larry Rupp

Date 2-19-94

ODH Registration Number 1019

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

5215 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