DNR 7802.93
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

# WELL LOG AND DRILLING REPORT

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

782027

Permit Number 28512

COUNTY MARION TOWNSHIP SALT ROCK SECTION/LOT No. (CIRCLE ONE) 14

OWNER/BUILDER (CIRCLE ONE OR BOTH) TERRY L. LANE PROPERTY ADDRESS 221 CENTER ST. MORRAL 4333 (ADDRESS OF WELL LOCATION ▲)

LOCATION OF PROPERTY SOUTH SIDE WEST END OF CENTER STREET IN MORRAL

## CONSTRUCTION DETAILS

**CASING** Borehole Diameter 7 7/8 in.

☒ Diameter 5 in. Length 65 ft. Wall Thickness .265 in.

☐ 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 ____

**GROUT**

Material BENSEAL Volume used 5 BAGS

Method of installation TREMIE PIPE

Depth: placed from 64 ft. to SURFACE 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** DOMESTIC

☒ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other ____

Date of Completion 10-28-94

## 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 |
|---|---|---|
| CLAY | 0 | 30 |
| SANDY CLAY | 30 | 52 |
| CLAY | 52 | 57 |
| GRAVEL CLAY MIX | 57 | 61 |
| LIMESTONE | 61 | 79 |

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

## WELL TEST

☐ Bailing ☐ Pumping* ☐ Other ____

Test rate 15 gpm Duration of test ____ hrs.

Drawdown ____ ft.

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

Static Level (depth to water) 20 ft. Date: ____

Quality (clear, cloudy, taste, odor) CLEAR

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

## PUMP

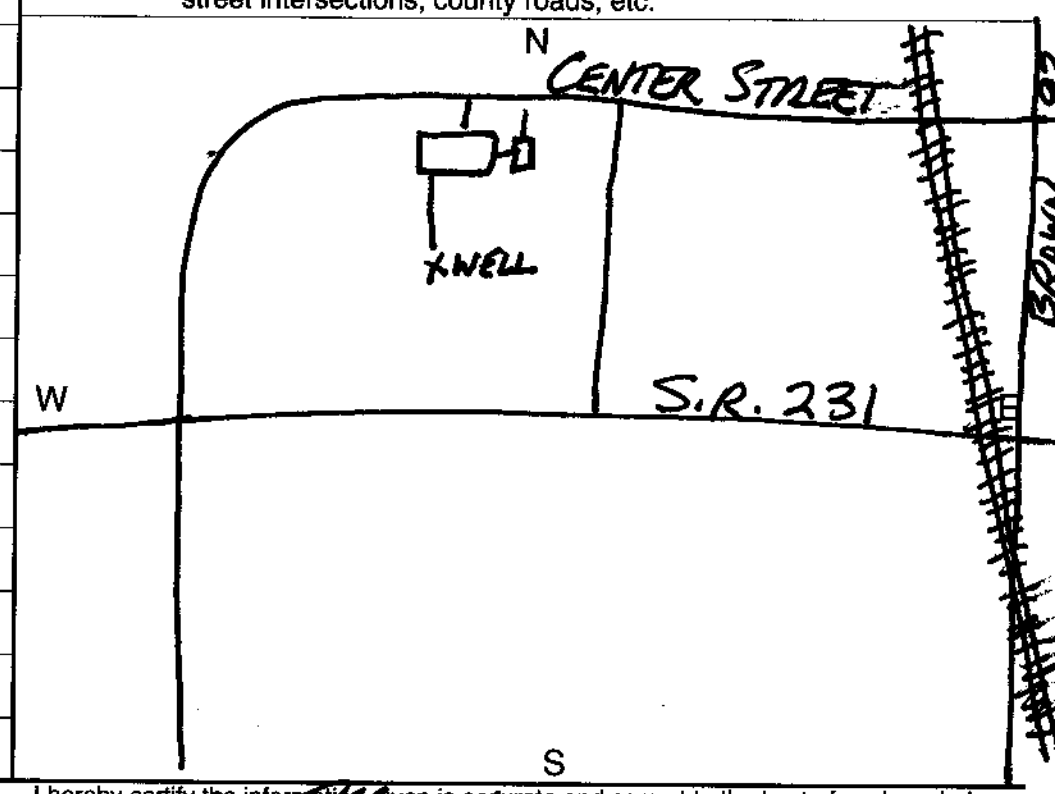
Type of pump SUBMERSIBLE Capacity 10 gpm

Pump set at 50 ft.

Pump installed by CHUCK ELLSWORTH

## 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 Ellsworth Well & Pump
2552 Marion Upper Sandusky Rd.
Marion, Ohio 43302
(614) 387-9355 or (614) 387-7447

Signed [signature] CWD/PI

Address ____

Date 11-8-94

City, State, Zip ____

ODH Registration Number 187

5786

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