

COUNTY Crawford TOWNSHIP Debas SECTION/LOT No. _____
(CIRCLE ONE)
OWNER/BUILDER Verlin Dunlap PROPERTY ADDRESS 6910 Marion-Melmore Rd
(CIRCLE ONE OR BOTH) (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY same as above

CONSTRUCTION DETAILS

CASING Borehole Diameter 5.5 in.
① Diameter 6 in. Length 46 ft. Wall Thickness .142 in.
② Diameter _____ in. Length _____ ft. Wall Thickness _____ in.
Type: ☒ Steel ☒ Galv. ☐ PVC ☐ Other _____
Joints: ☒ Threaded ☐ Welded ☐ Solvent ☐ 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 Neat Cement Volume used 282 lbs.
Method of installation trémie
Depth: placed from 45 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 Residential
☒ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
Date of Completion 3/3/94

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
Brown Clay	0	12
Blue Clay	12	18
Sand & Shovel	18	28
Blue Clay	28	38
Limestone	38	63

Water was encountered
at 52' and 60'

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other _____
Test rate 15 gpm Duration of test 5 hrs.
Drawdown 0 ft.
Measured from: ☐ top of casing ☒ ground level ☐ Other _____
Static Level (depth to water) 27 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 Sub. Capacity 10 gpm
Pump set at 69 ft.
Pump installed by James S. Robertson

SKETCH SHOWING WELL LOCATION

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

N
MARION MELMORE RD.
S
W
E
@well

*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 Robertson

Signed James S. Robertson

Address 131 Ashford Ave.

Date 3/15/95

City, State, Zip Belleme OH 44811

ODH Registration Number 154

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

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