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

786849
Permit Number

COUNTY Lucas TOWNSHIP Monclova SECTION/LOT No. (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) Loretta Springer PROPERTY ADDRESS 9685 Monclova (ADDRESS OF WELL LOCATION) Monclova, Ohio

LOCATION OF PROPERTY same

CONSTRUCTION DETAILS

CASING Borehole Diameter ______ in.

1 Diameter 6 in. Length ______ ft. Wall Thickness ______ 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 ______

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 Domestic

☑ ~~Rotary~~ ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other ______

Date of Completion 6-22-94

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
Expanstone	0	37
Limestone	37	51

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

WELL TEST

☐ Bailing ☐ Pumping* ☐ Other ______

Test rate ______ gpm Duration of test ______ hrs.

Drawdown ______ ft.

Measured from: ☐ top of casing ☐ ground level ☐ Other ______

Static Level (depth to water) ______ ft. Date: ______

Quality (clear, cloudy, taste, odor) ______

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

PUMP

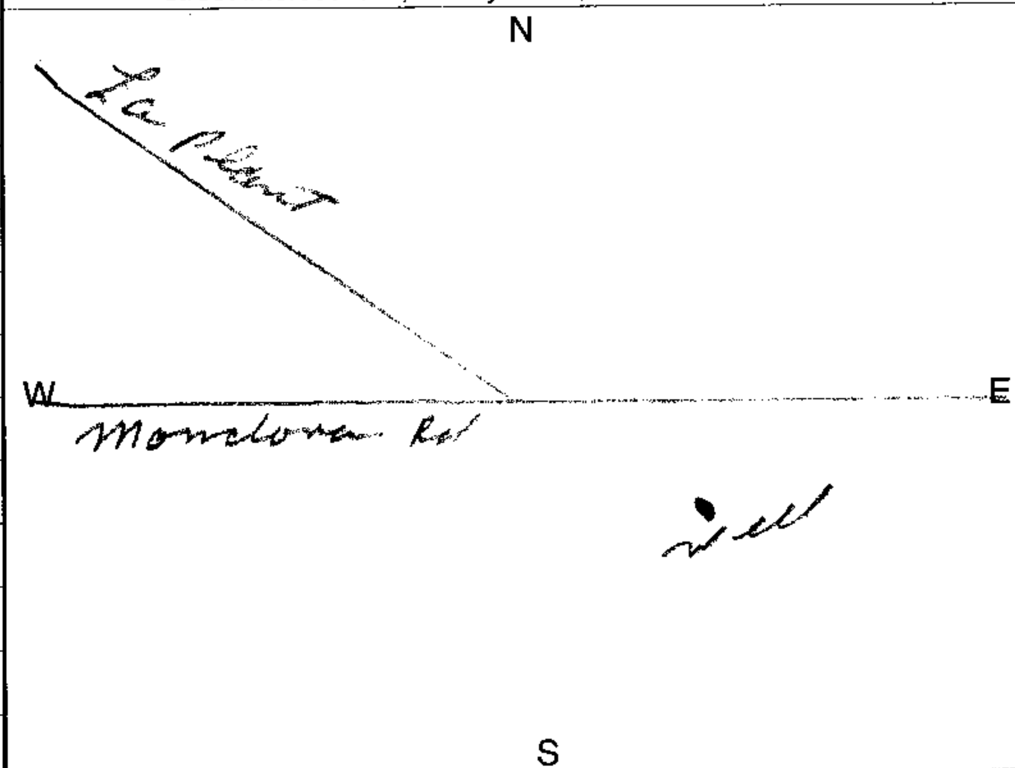
Type of pump ______ Capacity ______ gpm

Pump set at ______ ft.

Pump installed by ______

SKETCH SHOWING WELL LOCATION

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



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

Drilling Firm Mock's Drilling

Address 3859-C 5407

City, State, Zip Swanton, Ohio - 43558

Signed Jerry Mock

Date 7-16-94

ODH Registration Number 304

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