DNR 7802.94
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

✓ 798187

Permit Number _____

COUNTY Preble TOWNSHIP Ranier SECTION/LOT No. _____ (Circle One)

OWNER/BUILDER (Circle One or Both) First Village of West Alexan- Last dria PROPERTY ADDRESS (Address of well location) Number Street City

LOCATION OF PROPERTY City limits of West Alexandria Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 16 in.

1 Diameter 16 in. Length* 138 ft. Wall Thickness .375 in.
2 Diameter _____ in. Length* _____ ft. Wall Thickness _____ in.

Type: [X] 1 Steel [ ] 2 Galv. [ ] 1 PVC [ ] 2 [ ] 1 [ ] 2 Other _____

Joints: [ ] 1 [ ] 2 Threaded [X] 1 [ ] 2 Welded [ ] 1 [ ] 2 Solvent [ ] 1 [ ] 2 Other _____

Liner: Length _____ Type _____ Wall Thickness _____ in.

SCREEN Type (wire wrapped, louvered, etc.) Wire wrapped Material steel stainless
Length 14 ft. Diameter 16" tele in.
Set between 152 ft. and 138 ft. Slot .080

GROUT
Material cement Volume used 3 1/2 yds.
Method of installation poured
Depth: placed from 0 - 25 ft. to _____ ft.

GRAVEL PACK (Filter Pack)
Material _____ Volume used _____
Method of installation n/a
Depth: placed from _____ ft. to _____ ft.

Pitless Device ☐ Adapter ☐ Preassembled unit
Use of Well municipal portable
☐ Rotary [X] Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
Date of Completion 10/16/97

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	
		New Well # 4

WELL TEST

☐ Bailing [X] Pumping* ☐ Other _____
Test rate 600 gpm Duration of test 24 hrs.
Drawdown 33.5 pumping level 59.1 ft.
Measured from: [X] top of casing ☐ ground level ☐ Other _____
Static Level (depth to water) 25.6 ft. Date: 10/29/97
Quality (clear, cloudy, taste, odor) clear

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

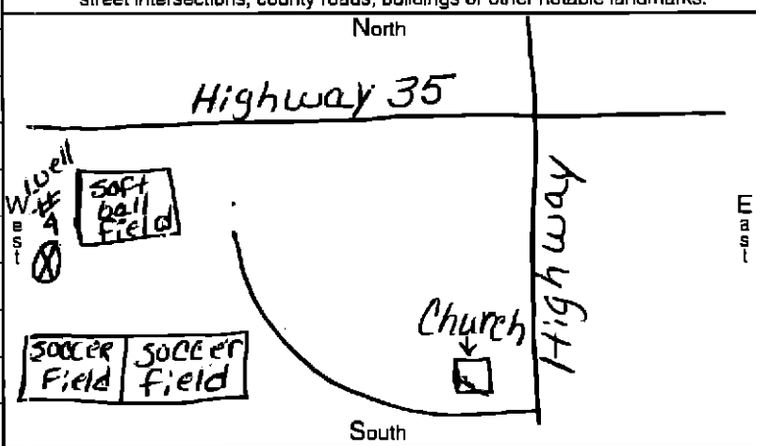
PUMP

Type of pump line shaft turbine Capacity 400 gpm
Pump set at 110' ft.
Pump installed by Reynolds, Inc.

WELL LOCATION

Location of well in State Plane coordinates, if available:
Zone _____ x _____ y _____
Elevation of well _____ ft./m. Datum plain: ☐NAD27 ☐NAD83
Source of coordinates: ☐GPS ☐Survey ☐Other _____

Sketch a map showing distance well lies from numbered state highways, street intersections, county roads, buildings or other notable landmarks.



(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 Reynolds, Inc.
Signed Vernon R. Widows, MGWC, Operations Manager
Address 6451 Germantown Road
Date June 9, 1998
City, State, Zip Middletown, Ohio 45042
ODH Registration Number _____

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