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

801976

Permit Number 1861

COUNTY Clark TOWNSHIP Sugarcreek SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) James Wilson (First / Last) PROPERTY ADDRESS (Address of well location) 5891 (Number) Smith Rd (Street) Navarre, O (City)

LOCATION OF PROPERTY 2 Mile West of Rt 93 on Elton Rd to Smith Rd (Zip Code + 4)

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 8 in. 21SDR

[1] Diameter 5 in. Length* 140 ft. Wall Thickness PVC in.

[2] Diameter ___ in. Length* ___ ft. Wall Thickness ___ in.

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

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

Liner: Length ___ Type ___ Wall Thickness ___ in.

SCREEN

Type (wire wrapped, louvered, etc.) ___ Material PVC

Length 60 ft. Diameter 5 in.

Set between 80 ft. and 140 ft. Slot 3/8

GROUT Bentonite Hole Plug Volume used 4-50 lb bags

Material ___ Method of installation Poured

Depth: placed from 40 ft. to Surface ft.

GRAVEL PACK (Filter Pack)

Material ___ Volume used ___

Method of installation ___

Depth: placed from ___ ft. to ___ ft.

Pitless Device [X] Adapter ☐ Preassembled unit

Use of Well Residence

☐ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other

Date of Completion 9-28-94

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	
0	4	Subsoil
4	9	Brown sandy soil
9	46	Brown sandstone
46	59	Grey shale
59	81	Grey sandstone
81	140	Grey white sandstone

water at 83 ft

Flicks

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

WELL TEST

[X] Bailing ☐ Pumping* ☐ Other ___

Test rate 12 gpm Duration of test 1 hrs.

Drawdown 87 ft.

Measured from: [X] top of casing ☐ ground level ☐ Other ___

Static Level (depth to water) 42 ft. Date: 9-28-94

Quality (clear, cloudy, taste, odor) cloudy

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

PUMP

Type of pump Sub Capacity 10 gpm

Pump set at 120 ft.

Pump installed by Flicks Drilling

WELL LOCATION

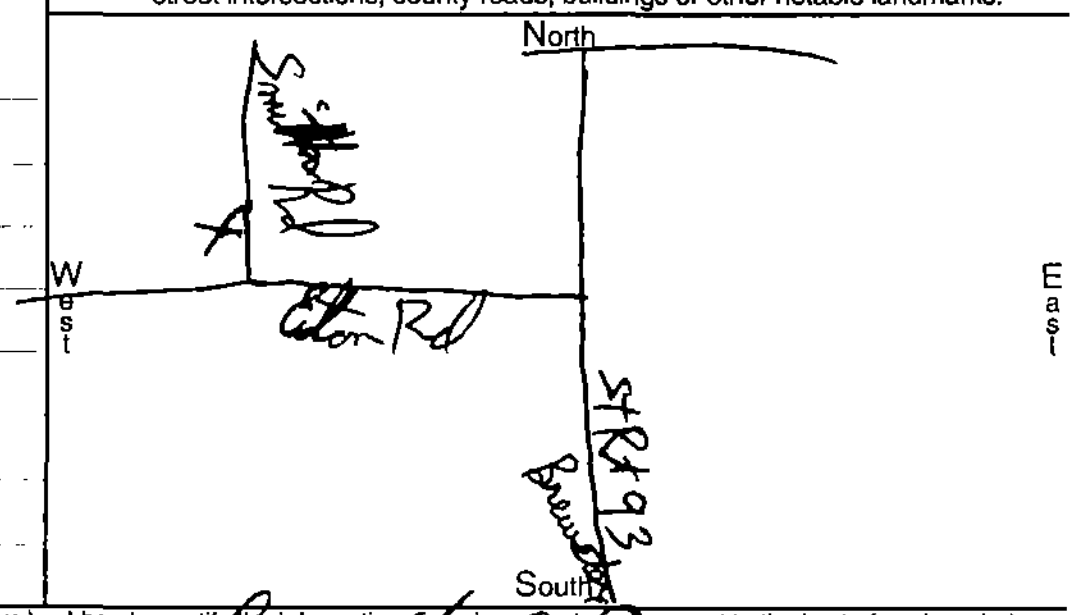
Location of well in State Plane coordinates, if available:

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.



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

Drilling Firm Flicks Drilling

Address 6156 Columbia Rd NW

City, State, Zip Dover O Hio 44622

Signed Gene Flicker

Date 10-8-94

ODH Registration Number 706

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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