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

802453

Permit Number 206-94

COUNTY Logan TOWNSHIP Harrison SECTION (OT No.) 1229 (Circle One)

OWNER/BUILDER (Circle One or Both) Thomas First Taylor Last PROPERTY ADDRESS (Address of well location) 1229 Number C Rd 130 Street Bellefontaine City

LOCATION OF PROPERTY Outside Bellefontaine Corperation limit on Co. Rd. 130 N.W. Zip Code + 4 43311

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter ____ in.
[1] Diameter 5 5/8 in. Length* 41' ft. Wall Thickness .092 in.
[2] Diameter ____ in. Length* ____ ft. Wall Thickness ____ in.

Type: [1] Steel [2] Galv. [1] PVC [2] Other ____
Joints: [1] Threaded [2] Welded [1] Solvent [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 Bensea1 Volume used 10026.
Method of installation poured
Depth: placed from Top ft. to Bottom 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 1 Family Dwelling
☐ Rotary ☑ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other ____
Date of Completion 11/5/94

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
Top Soil	0	1
Brown Clay	1	4
Brown Clay Gravel / Bank Run	4	16
Bank Run Gravel	16	22
Brown Clay Sand	22	33
Fin. Sand Gravel	33	39
Sand Gravel Water	39	41

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

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other ____
Test rate 10 gpm Duration of test 1 hrs.
Drawdown 0" ft.
Measured from: ☑ top of casing ☐ ground level ☐ Other ____
Static Level (depth to water) 30' ft. Date: 11/5/94
Quality (clear, cloudy, taste, odor) Clear No odor

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

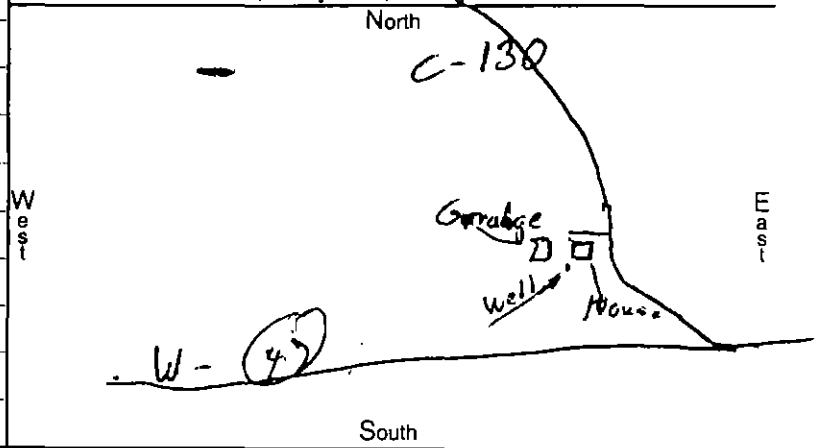
PUMP

Type of pump ____ Capacity ____ gpm
Pump set at ____ ft.
Pump installed by ____

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 Vance Well Drilling
Signed David J Vance
Address 1901 C.Rd 130 5589
Date 11/5/94
City, State, Zip Bellefontaine Ohio 43311
ODH Registration Number 1639

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