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

802456

Permit Number 96-47

COUNTY Logan TOWNSHIP Harrison SECTION/LOT No. (Circle One) 100006

OWNER/BUILDER (Circle One or Both) David L Vance PROPERTY ADDRESS (Address of well location) 1901 Co Rd 130 Bellefontaine

First Last Number Street City

LOCATION OF PROPERTY N.W on Co. Rd. 130, 1 1/2 mi from Bellefontaine on left 43311 Zip Code + 4

CONSTRUCTION DETAILS

CASING (Length below grade) Borehole Diameter 6 1/4 in.

[1] Diameter 6 in. Length 29' 6" ft. Wall Thickness .142 in.

[2] Diameter ____ In. Length ____ ft. Wall Thickness ____ in.

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

Joints: [1] Threaded [2] Welded [1] 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 Benseal Volume used 100 lb.

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 Single Family Dwelling

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

Date of Completion ____

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	2
Brown Clay	2	17
Gray Clay	17	25
Gray Clay, Pack Sand	25	29
Brown Rock	29	30
Pea Gravel - Fine Sand	30	31
Sand - Coarse	31	38
Gray Clay, Sand	38	40
Sand. Fine	40	49
Sand, Brown Clay	49	57
Sand, Gravel	57	60
Gravel, Silt	60	62
Gray Clay	62	79

REVISED

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other ____

Test rate 10 gpm Duration of test 2 hrs.

Drawdown 1 ft.

Measured from: ☑ top of casing ☐ ground level ☐ Other ____

Static Level (depth to water) 59' ft. Date: 12/1/96

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

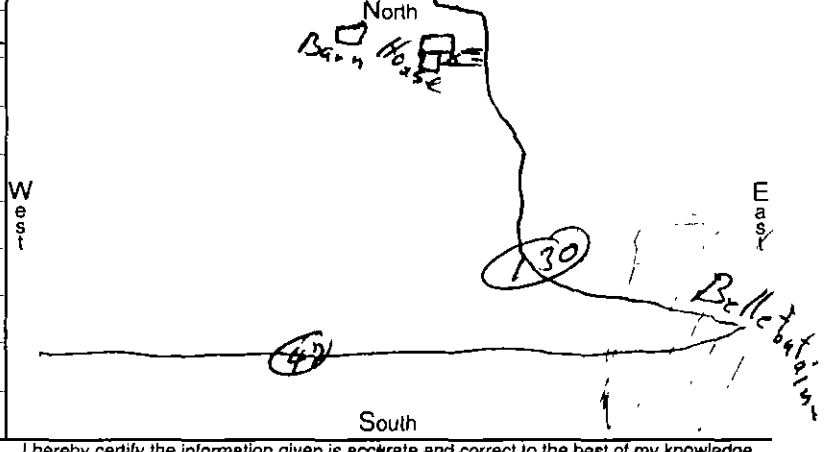
Location of well in State Plane coordinates, if available:

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.



*(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 Vance Well Drilling

Signed David L Vance

Address 1901 Co Rd 130

Date 12/1/96

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