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

805111

Permit Number NONE

COUNTY MIAMI TOWNSHIP CONCORD SECTION/LOT No. 32 (Circle One)

OWNER/BUILDER (Circle One or Both) TOM BOHN BLDRS (First / Last) PROPERTY ADDRESS (Address of well location) 1310 (Number) PINE ST. (Street) TROY, OHIO (City) 45373 (Zip Code + 4)

LOCATION OF PROPERTY SAME

CONSTRUCTION DETAILS

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

[1] Diameter 5 5/8 in. Length* 109 ft. Wall Thickness .164 in.
[2] Diameter ____ in. Length* ____ ft. Wall Thickness ____ in.

Type: [1] Steel [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 IRRIGATION

☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other ____

Date of Completion 12 Nov 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
YELLOW CLAY	0	18
DRY GRVL	18	22
YELLOW CLAY	22	39
SAND	39	44
BLUE CLAY	44	96
SAND	96	105
MIXED SAND & GRVL	105	109

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other ____

Test rate 15 gpm Duration of test 1 hrs

Drawdown 13 ft

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

Static Level (depth to water) 24 ft. Date: 12 Nov 94

Quality (clear, cloudy, taste, odor) ____

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

PUMP

Type of pump SUB Capacity 15 gpm

Pump set at 80 ft.

Pump installed by STOLTZ WELL DRLG

WELL LOCATION

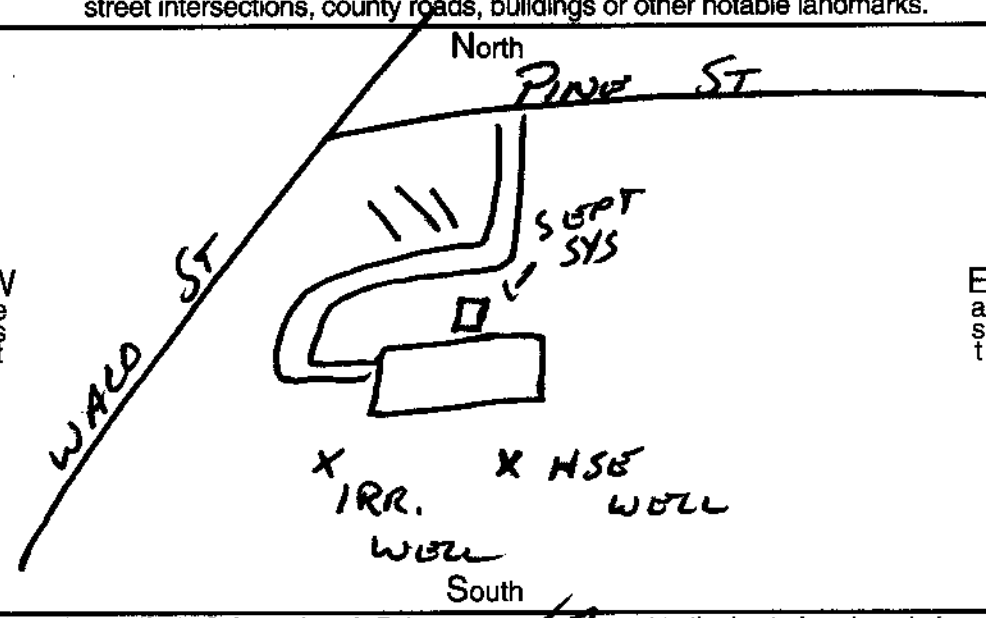
Location of well in State Plane coordinates, if available:

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 STOLTZ WELL DRILLING

Address 4024 W. ST. RT. 41

City, State, Zip TROY, OHIO 45373

Signed Craig R. Stoltz

Date 12 Nov 94

ODH Registration Number 1864

5559

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