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

811657

Permit Number _____

COUNTY Miami TOWNSHIP Staunton SECTION/LOT No. _____ (Circle One)

OWNER/BUILDER (Circle One or Both) Mc Coy Homes (First Last) PROPERTY ADDRESS (Address of well location) 6579 (Number) Troy-Sidney Rd. (Street) _____ (City)

LOCATION OF PROPERTY 800 ft south of Loy Rd. east side _____ Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 5 5/8 in.

1 Diameter 5 5/8 in. Length* 73 ft. Wall Thickness 142 in.

2 Diameter _____ in. Length* _____ ft. Wall Thickness _____ in.

Type: 1 2 Steel; 1 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.) ww Material stainless

Length 3 ft. Diameter 4½ in.

Set between 70 ft. and 73 ft. Slot 30

GROUT

Material Ben Seal Volume used 100#

Method of installation dry pour

Depth: placed from 0 ft. to 27 ft.

GRAVEL PACK (Filter Pack)

Material none Volume used _____

Method of installation _____

Depth: placed from _____ ft. to _____ ft.

Pitless Device ☒ Adapter ☐ Preassembled unit

Use of Well home

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

Date of Completion 3-29-95

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	9
hardpan	9	16
dry gravel	16	24
hardpan	24	60
blue water gravel	60	73

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DIV. OF WATER

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

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other _____

Test rate 30 gpm Duration of test 1 hrs.

Drawdown 1 ft.

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

Static Level (depth to water) 23 ft. Date: 3-29-95

Quality (clear, cloudy, taste, odor) clear

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

PUMP

Type of pump submergible Capacity 10 gpm

Pump set at 60 ft.

Pump installed by W.U. Scott Co.

WELL LOCATION

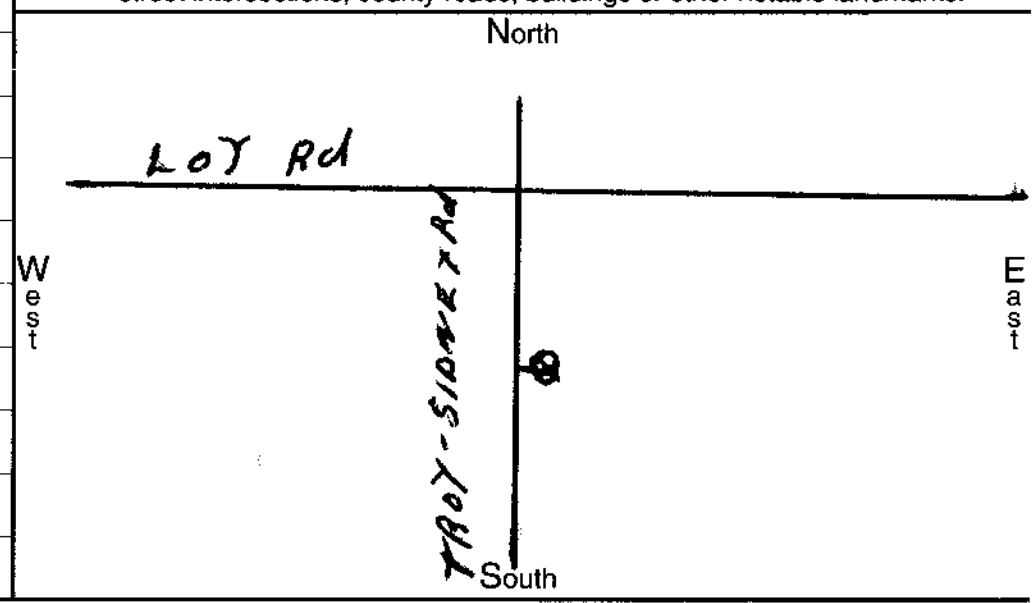
Location of well in State Plane coordinates, if available:

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 W.U. Scott Co.

Signed W. U. Scott Comp PI

Address 11534 Peters Pike

Date 3-29-95

City, State, Zip Tipp City, OH 45371

ODH Registration Number 257

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

1644 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