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

815561

Permit Number 95 158

COUNTY SENECA TOWNSHIP PLEASANT SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) O. WAYNE SMITH First Last PROPERTY ADDRESS (Address of well location) 2362 E. TWP RD. 144 Number Street City

LOCATION OF PROPERTY TIFFIN OHIO 44883 Zip Code + 4

CONSTRUCTION DETAILS

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

[1] Diameter 6" in. Length* 65 ft. Wall Thickness .188 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.) ____ Material ____

Length ____ ft. Diameter ____ in.

Set between ____ ft. and ____ ft. Slot ____

GROUT

Material BENSEAL Volume used 200 ~~lbs~~

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 ____

☐ 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
YELLOW CLAY	0	12
SOFT GREY CLAY	12	23
SOFT GREY CLAY + STONES	23	47
FIRM GREY CLAY SOME SAND	47	58
SAND + GRAVEL NO WATER	58	62
LIMESTONE - WHITE	62	68
WATER AT 64		
68		

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

WELL TEST

☐ Bailing ~~☒~~ Pumping* ☐ Other ____

Test rate 20 gpm Duration of test 1 hrs.

Drawdown 20 ft.

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

Static Level (depth to water) 35 ft. Date: 12-10-95

Quality (clear, cloudy, taste, odor) ____

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

PUMP

Type of pump MYERS SJ2N Capacity 12 gpm

Pump set at 60' ft.

Pump installed by JOHN WHITTAKER

WELL LOCATION

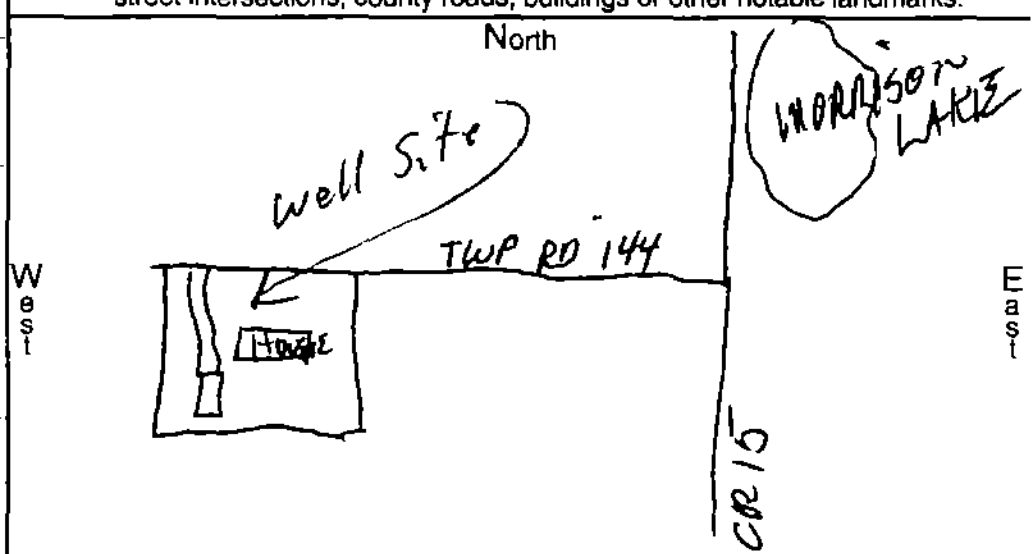
Location of well in State Plane coordinates, if available:

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 Whittaker Well Drilling

Signed ____

Address 2131 Baker Rd.

Date 12-13-95

City, State, Zip Fremont, OH 43420

ODH Registration Number 1903

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