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

815562

Permit Number 002-96

COUNTY SANDUSKY TOWNSHIP BALLVILLE SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) CHRIS (First) KNIGHT (Last) PROPERTY ADDRESS (Address of well location) 1034 (Number) BROWN DR. (Street) FREMONT (City) 43420 (Zip Code + 4)

LOCATION OF PROPERTY

CONSTRUCTION DETAILS

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

1 Diameter 6 in. Length* 85 ft. Wall Thickness .188 in.

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

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

Joints: 1 Threaded [X] 1 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 175 #

Method of installation DRY GROUT / DRIVE CASING

Depth: placed from 85 ft. to SURFACE 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 3/12/96

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
DARK SANDY TOP SOIL	0	1
SANDY CLAY	1	6
YELLOW CLAY	6	16
SOFT GREY CLAY	16	28
FIRM GREY CLAY	28	49
FIRM GREY CLAY - SOME STONES	49	66
DRY FIRM GREY CLAY + SHALE	66	77
HARD PAN + STONES	77	83
WHITE LIMESTONE	83	91

WATER 85
87
90

20 GPM min.

RECEIVED
MAR 25 '96

*(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 12 hrs.

Drawdown 15' ft.

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

Static Level (depth to water) 40 ft. Date: 3/12/96

Quality (clear, cloudy, taste, 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

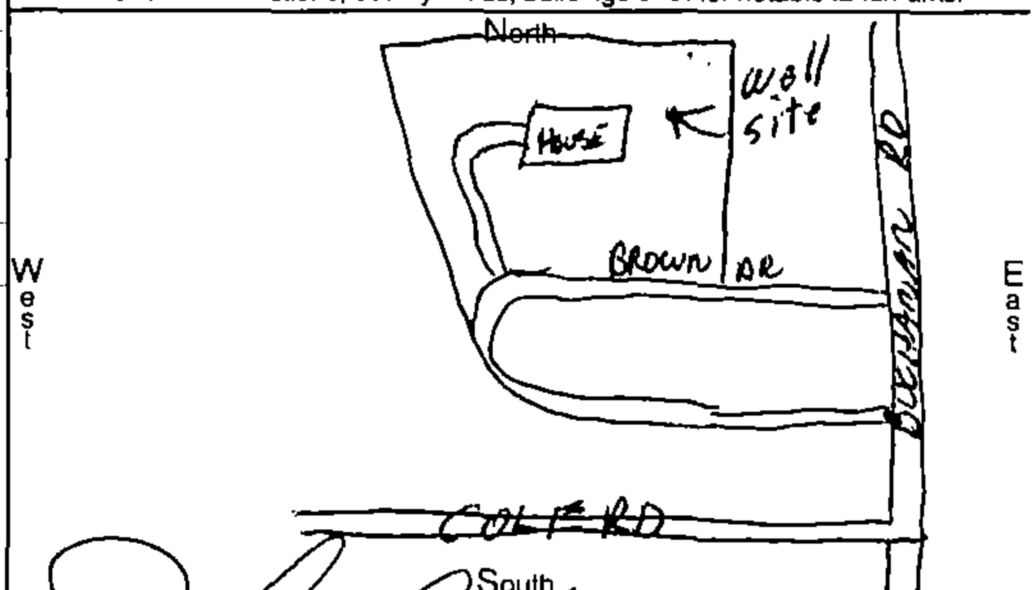
Location of well in State Plane coordinates, if available:

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 Whittaker Well Drilling

Address 2131 Baker Rd.

City, State, Zip Fremont, OH 43420

Signed [signature]

Date 3/19/96

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