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

815564
Permit Number 069-96

COUNTY Sandusky TOWNSHIP Riley SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) First Wm. Frank Last Brummett PROPERTY ADDRESS (Address of well location) 1936 Number CR 229 Street Fremont City 43420 Zip Code + 4

LOCATION OF PROPERTY Same

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 5 5/8 in.
[1] Diameter 6 in. Length* 98 ft. Wall Thickness .188 in.
[2] Diameter ____ in. Length* ____ ft. Wall Thickness ____ in.
Type: [X][1] Steel [X][2] Galv. [1][2] PVC [1][2] Other ____
Joints: [X][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 Bensea l Volume used 150 lb.
Method of installation Dry grout / casing Driven
Depth: placed from 98 ft. to 0 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 Residential
☐ Rotary [X] Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other
Date of Completion 7-12-96

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
TOP SOIL	0	1
YELLOW SAND	1	9
YELLOW CLAY	9	16
YELLOW SAND/WATER	16	18
SOFT GREY CLAY	18	37
SOFT GREY CLAY & SHALE	37	43
FIRM GREY CLAY + STONES	43	86
HARD PAN	86	90
BLACK SAND.	90	95
GRAVEL VEIN	95	98
WATER AT 97-98'		

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

WELL TEST

☐ Bailing [X] Pumping* ☐ Other
Test rate 15 gpm Duration of test 24 hrs.
Drawdown 15 ft.
Measured from: [X] top of casing ☐ ground level ☐ Other
Static Level (depth to water) 70 ft. Date:
Quality (clear) cloudy, taste, odor)

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

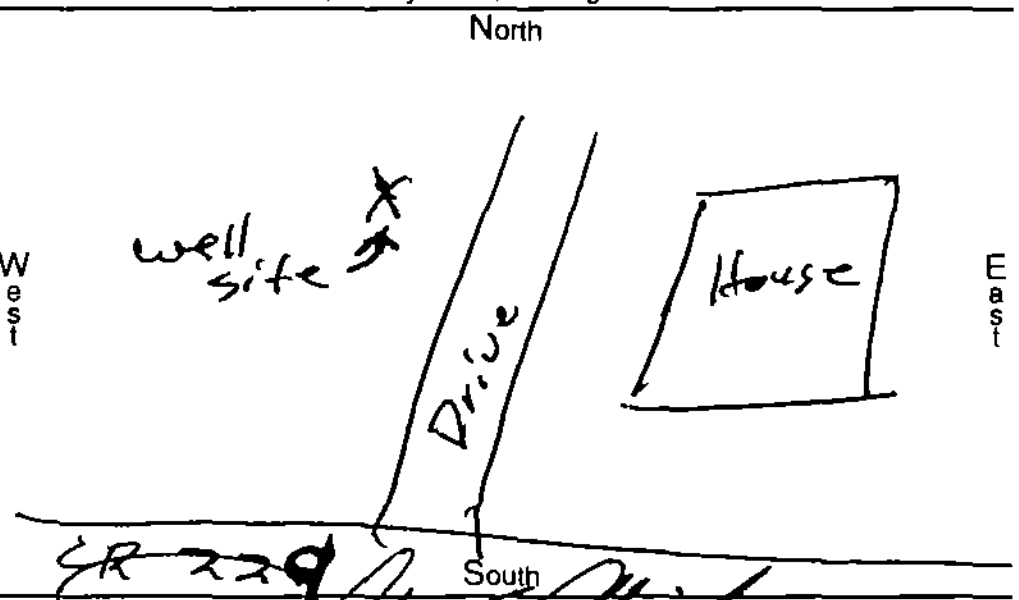
PUMP

Type of pump Owner will Install 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. Dalum 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.



Drilling Firm Whittaker Well Drilling
Address 1251 Hazel St.
City, State, Zip Fremont, OH. 43420

I hereby certify the information given is accurate and correct to the best of my knowledge.
Signed
Date 7/12/96
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