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

815569

Permit Number XXX 101-96

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

OWNER/~~BUYER~~ (Circle One or Both) Alfonso First Garcia Jr Last PROPERTY ADDRESS (Address of well location) 3540 Co.Rd.178/Smith Rd. Fremont Number Street City 43420 Zip Code + 4

LOCATION OF PROPERTY same as above

CONSTRUCTION DETAILS

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

☒ Diameter 6 in. Length 95 ft. Wall Thickness .188 in.

☐ Diameter ____ in. Length ____ ft. Wall Thickness ____ in.

Type: ☒ Steel ☒ Galv. ☐ PVC ☐ Other

Joints: ☒ Threaded ☐ Welded ☐ Solvent ☐ 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 150 lb.

Method of installation dry grout/ casing driven

Depth: placed from 95 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 ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other

Date of Completion 10/28/96

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
topsoil	0	3
soft grey clay	3	25
grey clay & stones	25	58
sand & clay	58	61
sand & small stones	61	65
hard clay & stones	65	86
clay,stone & sand	86	91
sand & gravel	91	93
gravel vein	93	95
WATER AT 95 ft.		

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

WELL TEST

☐ Bailing ☒ Pumping* ☐ Other

Test rate 10 gpm Duration of test 24 hrs.

Drawdown 2 ft.

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

Static Level (depth to water) 33 ft. Date: 10/22/96

Quality (clear, cloudy, taste, odor) clear

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

PUMP

Type of pump AermotorT12-50 Capacity 12 gpm

Pump set at 85 ft.

Pump installed by A.Rhoades

WELL LOCATION

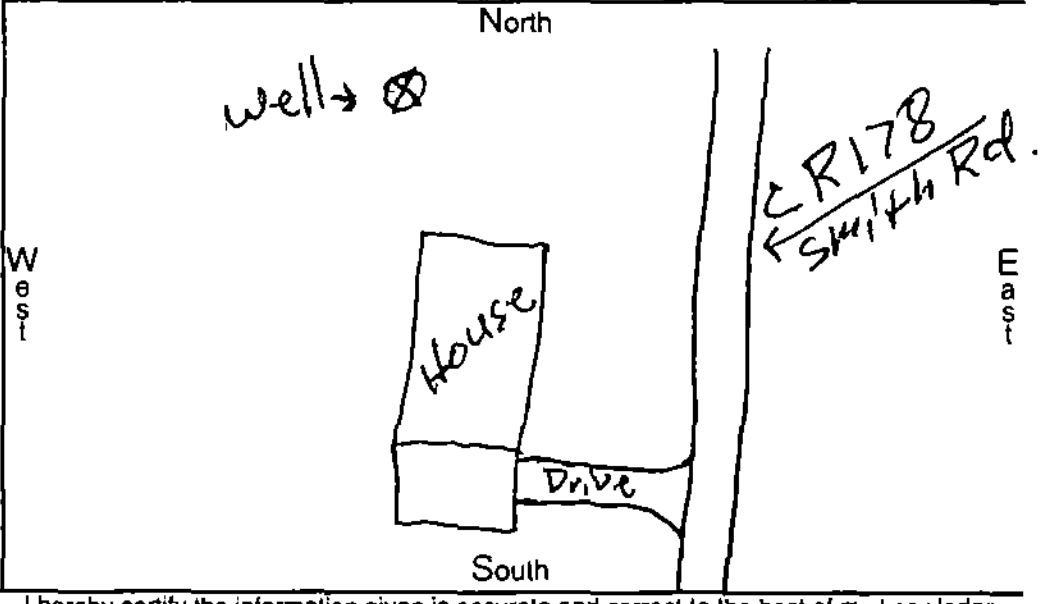
Location of well in State Plane coordinates, if available:

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 Rhoades Well Drilling

Signed Aaron Rhoades

Address 915 N. Fifth St.

Date 10/30/96

City, State, Zip Fremont Ohio 43420

ODH Registration Number 2424

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