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

816203 Permit Number

COUNTY Lucas TOWNSHIP Swanton SECTION/LOT No.

OWNER/BUILDER (Circle One or Both) First Harry Last Brady PROPERTY ADDRESS (Address of well location) 5910 S. Berkey Southern, Whitehouse OH
(Circle One) Number Street City

LOCATION OF PROPERTY S.H. 295 S. ¼ mi S. of Obee Rd. Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter ____ in.

[1] Diameter 5 in. Length* 64 ft. Wall Thickness ____ 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 ____ Volume used ____

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 Domestic

☐ Rotary ☑ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other ____

Date of Completion April 1995

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	
0	12	Sand
12	63	Clay
63	70	Limestone

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

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other ____

Test rate 15 gpm Duration of test ____ hrs.

Drawdown 5 ft.

Measured from: ☐ top of casing ☑ ground level ☐ Other ____

Static Level (depth to water) 56 ft. Date: April 1995

Quality (clear, cloudy, taste, odor) ____

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

PUMP

Type of pump Submersible Capacity 10 gpm

Pump set at 62 ft.

Pump installed by L. Walter

WELL LOCATION

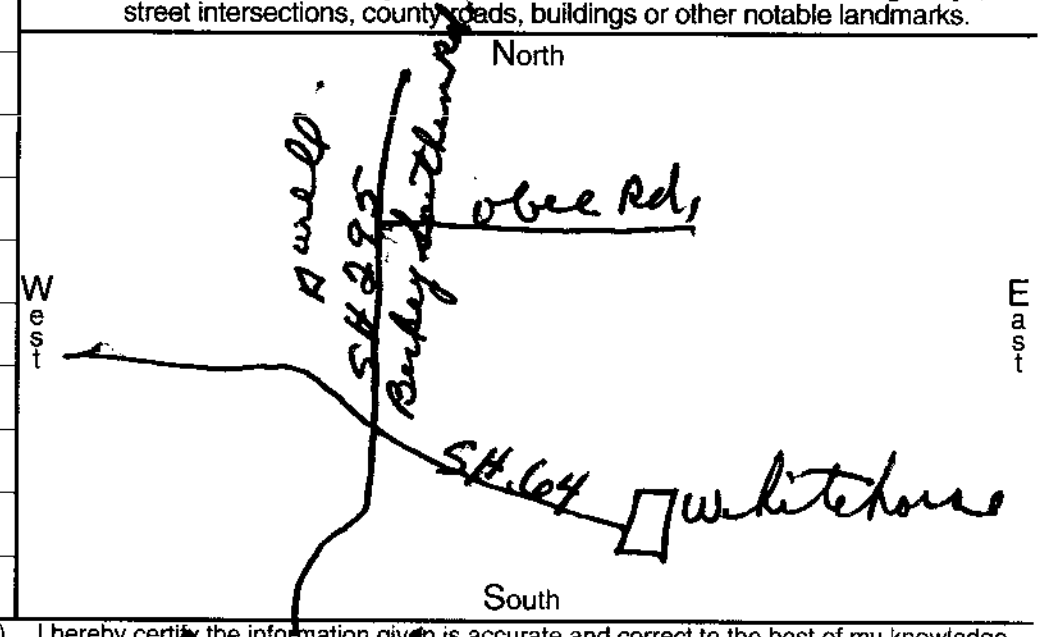
Location of well in State Plane coordinates, if available:

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.



Drilling Firm Walter's Drilling

Address 200 Highland 1784

City, State, Zip Delta, OH

I hereby certify the information given is accurate and correct to the best of my knowledge.

Signed L Walter

Date April 1995

ODH Registration Number 445

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