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

818305

Permit Number 183566

COUNTY Defiance TOWNSHIP Washington SECTION/LOT No. 10 (Circle One)

OWNER/BUILDER (Circle One or Both) Robert Vetter (First Last) PROPERTY ADDRESS (Address of well location) 02076 (Number) Mulligan Bluff Rd. (Street) Bryan (City) 43506 (Zip Code + 4)

LOCATION OF PROPERTY Same

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 6 in.

[1] Diameter 5 5/8 in. Length* 10 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.) NONE 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 None Volume used ____

Method of installation With rig

Depth: placed from ____ ft. to ____ ft.

Pitless Device ☒ Adapter ☐ Preassembled unit

Use of Well Household

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

Date of Completion June 1, 1996

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	3	Top Soil
3	17	Yellow Clay
17	97	Blue Hard Pan
97	122	Slate

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

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other ____

Test rate 4 gpm Duration of test 1/2 hr. hrs.

Drawdown 50 ft.

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

Static Level (depth to water) 6 ft. Date: June 1, 1996

Quality (clear, cloudy, taste, odor) ____

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

PUMP

Type of pump Submersible Capacity 4 gpm

Pump set at 89 ft.

Pump installed by Ervin Jesse

WELL LOCATION

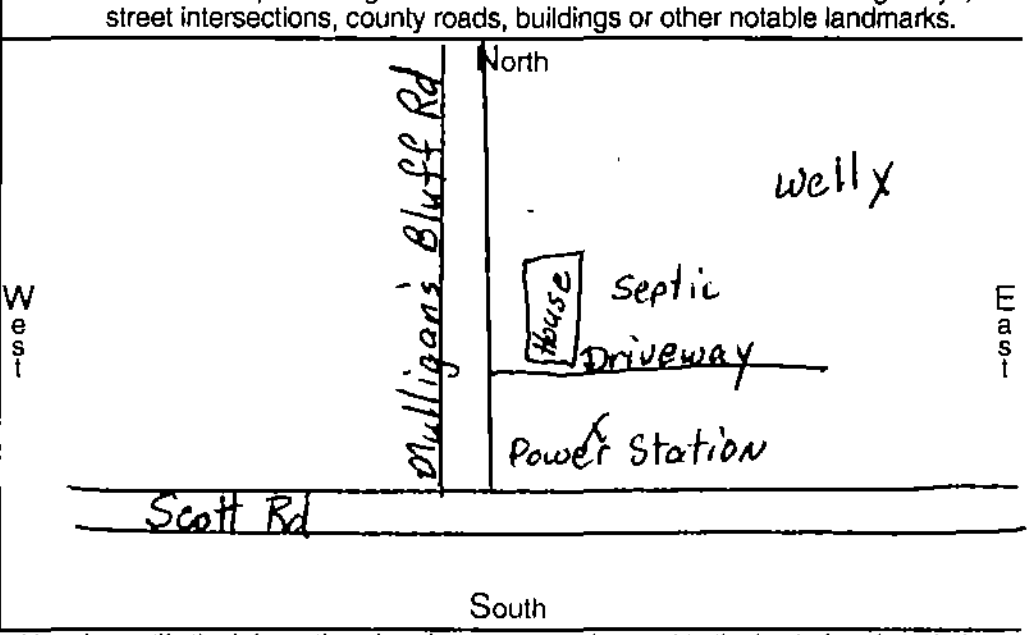
Location of well in State Plane coordinates, if available:

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 Jesse & Sons Well Drilling

Signed Ervin Jesse

Address 04830 Glenburg Rd.

Date June 10, 1996

City, State, Zip Defiance, Ohio 43512

ODH Registration Number 02341

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