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

818413

Permit Number WS-95-127

COUNTY MONTGOMERY TOWNSHIP BUTLER SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) WENCO First CONST. Last PROPERTY ADDRESS (Address of well location) 11031 Number N. DIXIE DR. Street VANDALIA City

LOCATION OF PROPERTY W. SIDE OF N. DIXIE, 1/4 MI N. OF NORTH BROOK 45377 Zip Code + 4

## CONSTRUCTION DETAILS

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

[1] Diameter 5 5/8 in. Length* 65 ft. Wall Thickness .156 in.
[2] Diameter ____ in. Length* ____ ft. Wall Thickness ____ in.

Type: [1] Steel [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 RESTROOMS - SMALL FACTORY

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

Date of Completion 9 SEPT. 95

## 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 |
|---|---|---|
| GRVL | 0 | 1 |
| YELLOW CLAY | 1 | 27 |
| DRY GRVL | 27 | 31 |
| BLUE CLAY & GRVL MIX | 31 | 52 |
| DRY GRVL | 54 | 63 |
| HARD BLUE LIMESTONE | 63 | 96 |
| HARD BLUE SHALE | 96 | 128 |

*(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 1 hrs.

Drawdown 2 ft.

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

Static Level (depth to water) 53 ft. Date: 9 SEPT 95

Quality (clear, cloudy, taste, odor) ____

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

## PUMP

Type of pump SUBM. Capacity 10 gpm

Pump set at 90 ft.

Pump installed by STOLTZ WELL DRLG

## WELL LOCATION

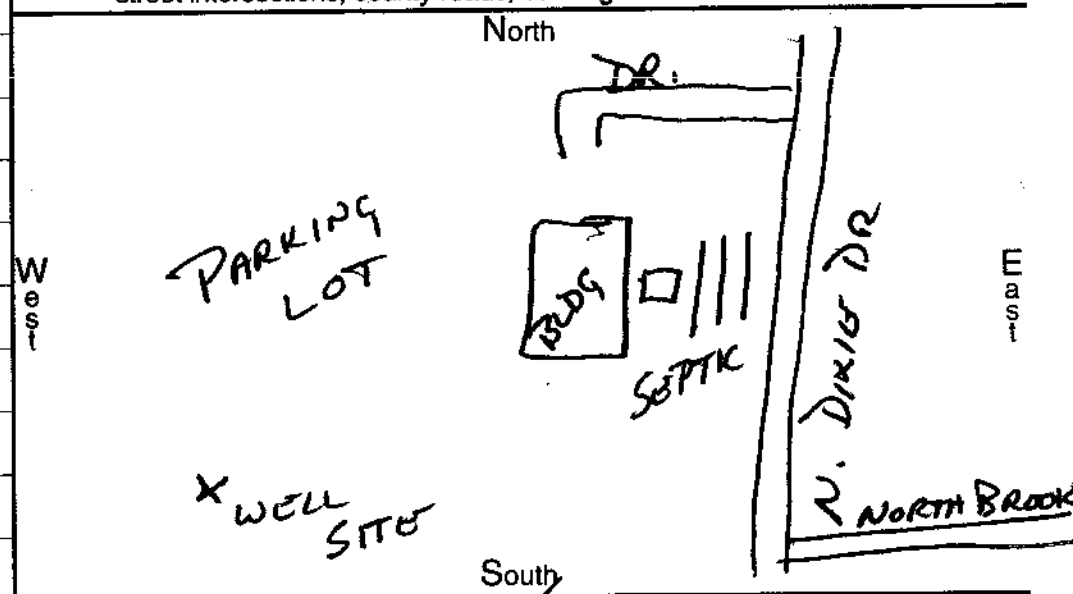
Location of well in State Plane coordinates, if available:

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.

Signed Craig R. Stoltz

Date 9 Sept 95

Drilling Firm STOLTZ WELL DRILLING
Address 4004 W. ST. RT. 41
City, State, Zip TROY, OHIO 45373

ODH Registration Number 1864

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

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