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

818688

Permit Number 96-145

COUNTY Logan TOWNSHIP Stokes SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Sonny W Oakley (First / Last) PROPERTY ADDRESS (Address of well location) 15646 (Number) St Rt 720 (Street) Lakeview (City) 43331 (Zip Code + 4)

LOCATION OF PROPERTY St Rt 720 east edge of Santa Fe

CONSTRUCTION DETAILS

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

[1] Diameter 6 in. Length* 10ft ft. Wall Thickness 142 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. Slot ____

Set between ____ ft. and ____ ft.

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 ____

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

Date of Completion 8/29/96

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
Clay	0	15
Sand	15	26
Clay	26	36
Sand	36	100
gravel	100	106

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

WELL TEST

☐ Bailing ☑ Pumping* ☐ Other ____

Test rate 20 gpm Duration of test 26 hrs.

Drawdown 0 ft.

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

Static Level (depth to water) 22 ft. Date 8/29/96

Quality (clear, cloudy, taste, odor) Clear

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

PUMP

Type of pump ____ Capacity ____ gpm

Pump set at ____ ft.

Pump installed by ____

WELL LOCATION

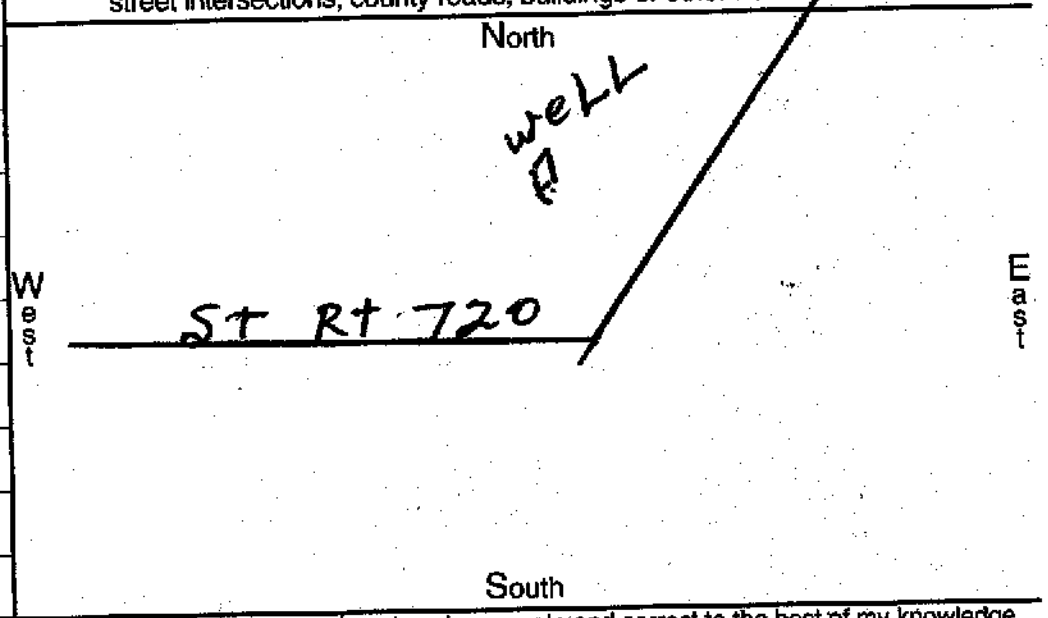
Location of well in State Plane coordinates, if available:

Zone ____ x ____ y ____

Elevation of well ____ ft./m. 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 Jim Tester

Address 10130 Shelby Fryburg Rd

City, State, Zip Wapakoneta, OH 10

Signed Jim Tester

Date 8/29/96

ODH Registration Number 220

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