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

818691

Permit Number _____

COUNTY Auglaize TOWNSHIP Clay SECTION/LOT No. 5 (Circle One)

OWNER/BUILDER (Circle One or Both) Larry (First) Hoskinson (Last) PROPERTY ADDRESS (Address of well location) 13334 (Number) Ashburn Rd (Street) Wapakoneta (City)

LOCATION OF PROPERTY Ash Burn Rd First house South of Rt 33 45895 (Zip Code + 4)

CONSTRUCTION DETAILS

CASING (Length below grade) Borehole Diameter _____ in.

[1] Diameter 5 7/8 in. Length 117 ft. Wall Thickness 192 in.

[2] Diameter _____ in. Length _____ ft. Wall Thickness _____ in.

Type: [1] Steel [2] Galv. [1] PVC [1] [2] Other _____

Joints: [1] Threaded [2] Welded [1] 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 house

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

Date of Completion Oct 24, 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	32
sand	32	38
clay	38	94
sand	94	112
gravel	112	117

*(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 20 hrs.

Drawdown 0 ft.

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

Static Level (depth to water) 61 ft. Date Oct 24, 96

Quality (clear, cloudy, taste, odor) clear

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

PUMP

Type of pump Submersible Capacity 10 gpm

Pump set at 71' ft.

Pump installed by Jim Tester

WELL LOCATION

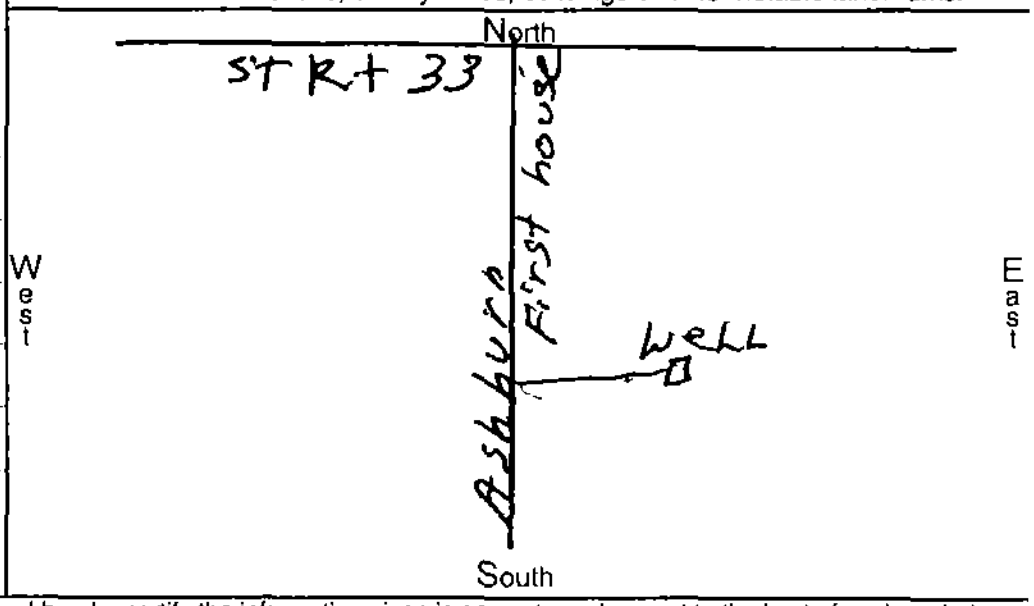
Location of well in State Plane coordinates, if available:

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

Signed Jim Tester

Address 10130 Sidney Fryburg Rd

Date Oct 28, 96

City, State, Zip Wapakoneta OHIO 45895

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