DNR 7502.94
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

825046
Permit Number 224923

COUNTY Huron TOWNSHIP Bronson SECTION/LOT No. (Circle One) 1397

OWNER/BUILDER (Circle One or Both) Robert Geer (First Last) PROPERTY ADDRESS (Address of well location) 1397 Ridge Road (Number Street) Norwalk, Ohio (City)

LOCATION OF PROPERTY Northwest Corner of Ridge Road off Dublin Rd. 44857 (Zip Code + 4)

CONSTRUCTION DETAILS

CASING (Length below grade) Borehole Diameter 12 in.
1 Diameter 6" in. Length 45 ft. Wall Thickness .142 in.
2 Diameter ____ in. Length ____ ft. Wall Thickness ____ in.
Type: X 2 Steel 1 2 Galv. 1 2 PVC 1 2 Other ____
Joints: 1 2 Threaded X 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 Bentonite Volume used #320
Method of installation White Drilling
Depth: placed from 0 ft. to MAy 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 X Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other ____
Date of Completion ____

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
Sandy Yellow Clay	0	9
Soft Yellow Sandstone	9	11-6"
Hard gray Sandstone	11-6"	23
Sandstone & Shale	23	40
Water @ and coming in @ 17 Feet		

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

WELL TEST

☐ Bailing X Pumping* ☐ Other ____
Test rate 1 1/2 gpm Duration of test 2 hrs.
Drawdown 3 ft.
Measured from: X top of casing ☐ ground level ☐ Other ____
Static Level (depth to water) 13 1/2 ft. Date: 11 Jun 99
Quality (clear, cloudy, taste, odor) Clear

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

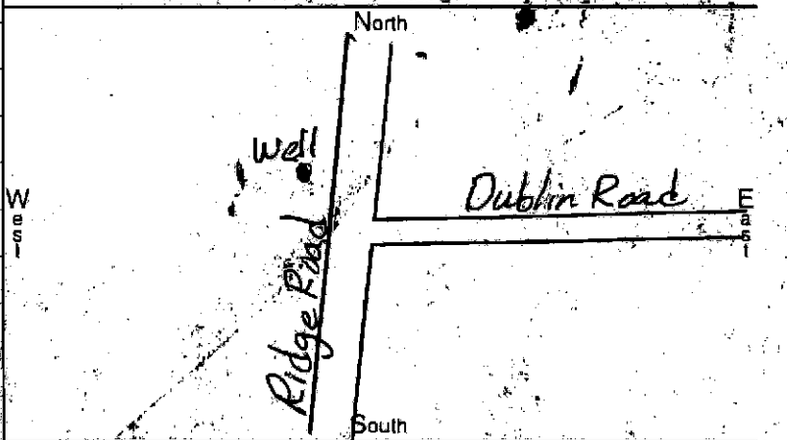
PUMP

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 T. Bokland Drilling
Address 301 Twp Rd 1381
City, State, Zip Greenwich Ohio 44837

Signed Jerry Bokland
Date 12 June 99
ODH Registration Number 554

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.