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

828485

Permit Number WI 95 109

COUNTY Franklin TOWNSHIP Madison SECTION/LOT No. _____ (Circle One)

OWNER/BUILDER (Circle One or Both) David A. Brooks (First Last) PROPERTY ADDRESS (Address of well location) 4539 (Number) Berger (Street) Groveport (City)

LOCATION OF PROPERTY same Zip Code + 4

CONSTRUCTION DETAILS

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

[1] Diameter 5 1/2 in. Length* 48 ft. Wall Thickness 2/12 in.

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

Type: [X] 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 2 Ft ft. Diameter 5 1/2 in.

Set between 44 ft. and 46 ft. Slot 13, 14

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 [X] *Adapter* ☐ *Preassembled unit*

Use of Well _____

☐ Rotary [X] Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____

Date of Completion 4-20-96

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
Yellow Clay	0	8
Clay + Gravel	8	15
Blue Clay	15	25
Clay & Gravel	25	35
Sand & Gravel	35	47
Clay	47	—
Water at 45.		

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

WELL TEST

[X] Bailing ☐ Pumping* ☐ Other _____

Test rate 10 gpm Duration of test 1 hrs.

Drawdown _____ ft.

Measured from: [X] top of casing ☐ ground level ☐ Other _____

Static Level (depth to water) 18. ft. Date: _____

Quality (clear, cloudy, taste, odor) Clear

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

PUMP

Type of pump Sum. Capacity 10 gpm

Pump set at 35" ft.

Pump installed by M. Dingess

WELL LOCATION

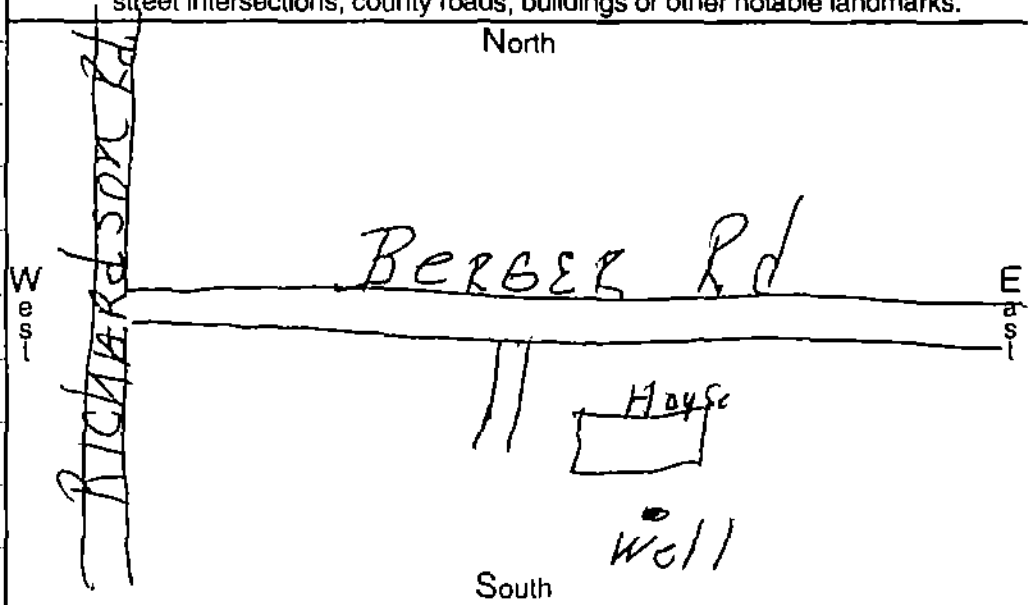
Location of well in State Plane coordinates, if available:

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.



Drilling Firm M. Dingess

Address 4628 Berger Rd

City, State, Zip Groveport Oh. 43125

I hereby certify the information given is accurate and correct to the best of my knowledge.

Signed Mansfield Dingess

Date 4-20-96

ODH Registration Number 0109

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