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

829621

Permit Number 94-9F

COUNTY ~~Fairfield~~ MERCER TOWNSHIP ~~Salt~~ Franklin SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Denis Levi (First / Last)

PROPERTY ADDRESS (Address of well location) 5443 (Number) Karlfit Rd. (Street) Celina (City)

LOCATION OF PROPERTY On McArthur Dr. Off of Karlfit Rd 45822 (Zip Code + 4)

CONSTRUCTION DETAILS

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

[1] Diameter 5 in. Length* 53 ft. Wall Thickness .250 in.

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

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

Joints: [1] Threaded [1] 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 Home

☐ Rotary ☑ 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
Clay	0	49
Sand	49	50
Limestone	50	130

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other ____

Test rate 18 gpm Duration of test 1 hrs.

Drawdown 13 ft.

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

Static Level (depth to water) 8 ft. Date: Sept 2-97

Quality (clear, cloudy, taste, odor) Clear good taste no odor

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

PUMP

Type of pump Submersible Capacity 7 gpm

Pump set at 40 ft.

Pump installed by Howard W Hole

WELL LOCATION

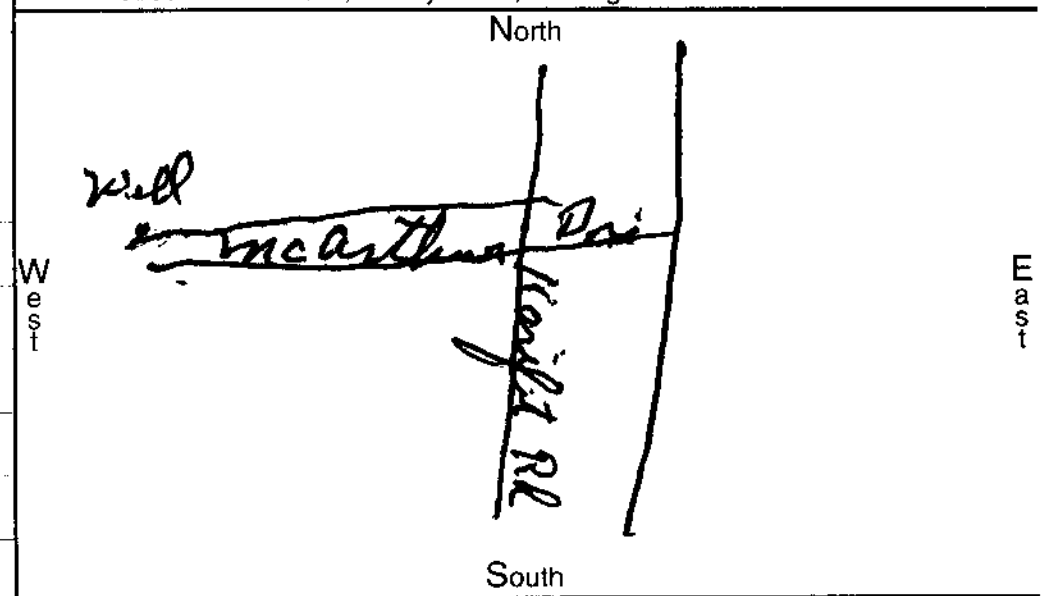
Location of well in State Plane coordinates, if available:

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.



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

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

Drilling Firm Howard W Hole

Address 1773 Mud Pike Rd

City, State, Zip Celina Ohio 45822

Signed Howard W Hole

Date Sept 2 1997

ODH Registration Number 2083

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