DNR 7802.94
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

829624

Ohio Department of Natural Resources
Divison of Water, 1939 Fountain Square Drive
Columbus, Ohio 43224 Phone (614) 265-6739

Permit Number 51-96

COUNTY Mercer TOWNSHIP Liberty SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Thomas Post (First / Last) PROPERTY ADDRESS (Address of well location) 1177 S Reeb Rd (Number / Street) Celina (City) O (Zip Code + 4)

LOCATION OF PROPERTY ½ mi W. of Wabash Rd on S Reeb Rd N Side

CONSTRUCTION DETAILS

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

1 Diameter 5 in. Length 85 ft. Wall Thickness .250 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.

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	80
Limestone	80	127

WELL TEST

☑ Balling ☐ Pumping* ☐ Other ____

Test rate 18 gpm Duration of test ____ hrs.

Drawdown 2 ft.

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

Static Level (depth to water) 63 ft. Date: ____

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 ____ Capacity ____ gpm

Pump set at ____ ft.

Pump installed by ____

WELL LOCATION

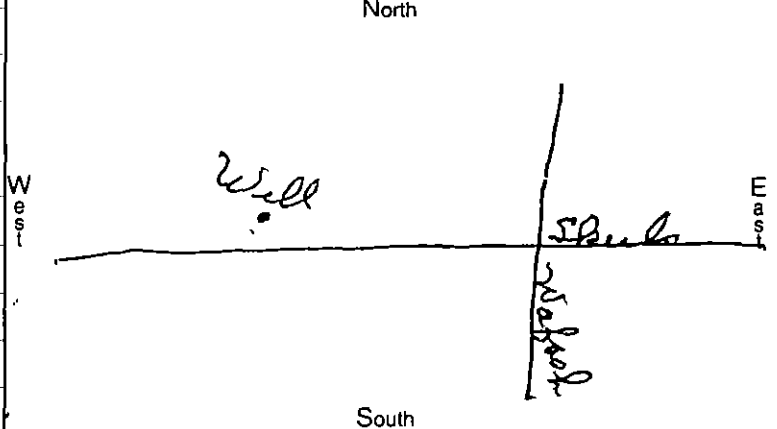
Location of well in State Plane coordinates, if available:

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.



*(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 Holt & Son Signed Howard W Holt

Address 1773 Mud Pike Rd Date May 22, 96

City, State, Zip Celina Ohio 45822 ODH Registration Number 0853

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