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

830825

Permit Number 1876-96

COUNTY Monroe TOWNSHIP Harmony SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Todd (First / Last) PROPERTY ADDRESS (Address of well location) 4251 (Number) Twp Rd 161 (Street) City

LOCATION OF PROPERTY 4251 Twp Rd 161 Corner of Co Rd 26 Zip Code + 4 43774

CONSTRUCTION DETAILS

CASING *(Length below grade)* Borehole Diameter ____ in.
[1] Diameter 5 in. Length 60 ft. Wall Thickness 1/4 in.
[2] Diameter ____ in. Length ____ ft. Wall Thickness ____ in.
Type: [1] Steel [2] Galv. [1] PVC [2] Other
Joints: [1] Threaded [2] Welded [1] Solvent [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 Portland Volume used 1 Bag
Method of installation Annular
Depth: placed from Surface ft. to 45 ft.

GRAVEL PACK (Filter Pack)
Material ____ Volume used ____
Method of installation ____
Depth: placed from ____ ft. to ____ ft.

Pitless Device [1] Adapter [2] Preassembled unit
Use of Well Home
☐ Rotary ☑ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other
Date of Completion Sept 7-96

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
Top Soil w/ roots		2
Gray Soft Shale	2	19
Soft Gray Shale	19	22
Gray Clay	22	48
Coal	48	59
Sand Stone Soft	59	61

WELL TEST

☐ Bailing ☑ Pumping* ☐ Other
Test rate 15+ gpm Duration of test ____ hrs.
Drawdown 30 ~ 42 ft.
Measured from: ☑ top of casing ☐ ground level ☐ Other
Static Level (depth to water) 30 ft. Date: ____
Quality (clear, cloudy, taste, odor) clear

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

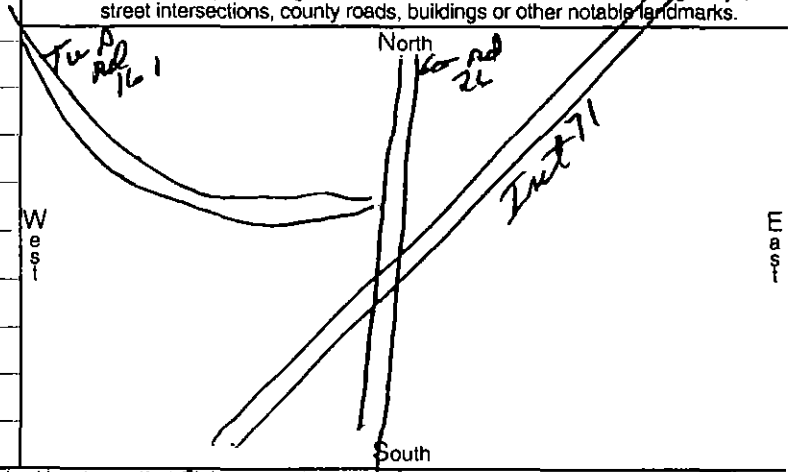
PUMP

Type of pump Submersible Capacity 10 gpm
Pump set at 50' ft.
Pump installed by Riley Limited Repair

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 that information given is accurate and correct to the best of my knowledge.

Drilling Firm Riley Limited Repair
Signed [signature]
Address 4765 St Rt 229
Date Sept 7-96
City, State, Zip Mowrow Ohio 43774
ODH Registration Number ____

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