DNR 7802.94
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

833285

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

Permit Number _____

COUNTY Sandusky TOWNSHIP Washington SECTION/LOT No. _____ (Circle One)

OWNER/BUILDER (Circle One or Both) Ports Petroleum (First / Last) PROPERTY ADDRESS (Address of well location) 1337 (Number) Blackacre Rd (Street) Wooster (City) 44691 (Zip Code + 4)

LOCATION OF PROPERTY _____

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 8¾ in.

[1] Diameter _____ in. Length* 30 ft. Wall Thickness .146 in.

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

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

Joints: [2] ~~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. Slot _____

Set between _____ ft. and _____ ft.

GROUT

Material Benseal Volume used 100#

Method of installation Grout Machine

Depth: placed from _____ ft. to _____ ft.

GRAVEL PACK (Filter Pack)

Material _____ Volume used _____

Method of installation _____

Depth: placed from _____ ft. to _____ ft.

Pitless Device [2] Adapter ☐ Preassembled unit

Use of Well Commercial

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

Date of Completion 12-18-96

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
Soil Clay	0	20
Limestone	20	140

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

WELL TEST

☐ Bailing [2] Pumping* ☐ Other _____

Test rate 45 gpm Duration of test 1½ hrs.

Drawdown 80' ft.

Measured from: [2] Top of casing ☐ ground level ☐ Other _____

Static Level (depth to water) 12' ft. Date: 12-18-96

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 35 gpm

Pump set at 130' ft.

Pump installed by D. BARNDT

WELL LOCATION

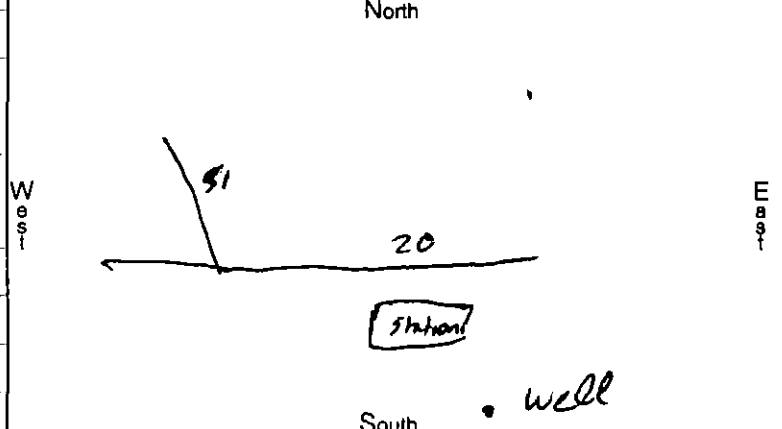
Location of well in State Plane coordinates, if available:

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 Collins Well Drilling

Address 5742 Burns Rd.

City, State, Zip Wayne Ohio 43466

Signed _____ Date 12-20-96

ODH Registration Number 2372

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