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

833288

Permit Number 96-272

COUNTY Lucas TOWNSHIP Monclova SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Mark Derkin (First Last) PROPERTY ADDRESS (Address of well location) 9908 (Number) Laplante (Street) Rd Monclova (City)

LOCATION OF PROPERTY 43542 (Zip Code + 4)

CONSTRUCTION DETAILS

CASING *(Length below grade)* Borehole Diameter 8 3/4 in.

[1] Diameter ____ in. Length 47 ft. Wall Thickness .146 in.

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

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

Joints: [1] Threaded [2] 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 Bentonite Volume used 100#

Method of installation Grout Pump

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 Residential

☐ 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
Sand	0	25
Clay	25	40
Limestone	40	78

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

WELL TEST

☐ Bailing ☒ Pumping* ☐ Other

Test rate 30 gpm, Duration of test 1½ hrs.

Drawdown 10' ft.

Measured from: ☒ top of casing ☐ ground level ☐ Other

Static Level (depth to water) 30' ft. Date:

Quality (clear, cloudy, taste, odor) Clear / [redacted]

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

PUMP

Type of pump ½ HP Capacity 12 gpm

Pump set at 70' ft.

Pump installed by DIY

WELL LOCATION

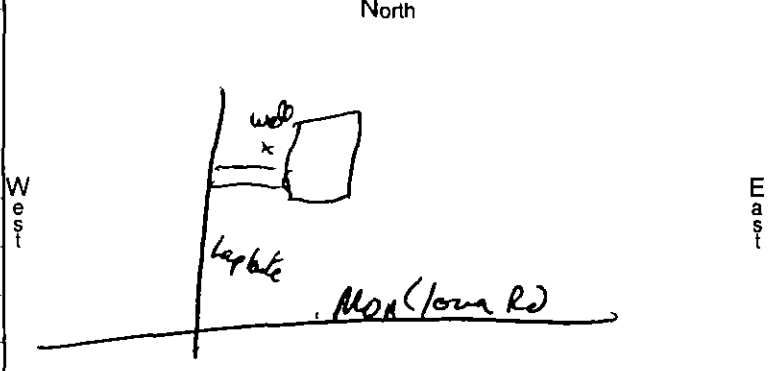
Location of well in State Plane coordinates, if available:

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 Collins Well

Address 5742 Bays Rd.

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

Signed [signature]

Date 12-18-96