

DNR 780(194)
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

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

840428

Permit Number 1764

COUNTY Williams

TOWNSHIP Jefferson

SECTION/LOT No.
(Circle One)

OWNER/BUILDER Lynn Teske
(Circle One or Both) First Last

PROPERTY ADDRESS 07650 Rd 16
(Address of well location) Number Street

Bryon
City

LOCATION OF PROPERTY 07650 Rd 16

43506
Zip Code - 4

CONSTRUCTION DETAILS

CASING (Length below grade)		Borehole Diameter <u>7 1/8</u> in.		GROUT	
1 Diameter <u>5</u> in.	Length <u>237</u> ft.	Wall Thickness <u>.237</u> in.	Material <u>Bentonite</u>	Volume used <u>200 lbs</u>	
2 Diameter	Length	Wall Thickness	Method of installation <u>pumped around casing surface</u>		
Type: 1 Steel 2 Galv. ☒ PVC		1	Depth: placed from <u>140</u> ft. to <u>surface</u> ft.		
2 Other		2 Other	GRAVEL PACK (Filter Pack)		
Joints: 1 Threaded 2 Welded ☒ Solvent		1	Material	Volume used	
2 Other		2 Other	Method of installation		
Liner: Length Type		Wall Thickness	in. Depth: placed from	ft. to	ft.
SCREEN			Pitless Device ☒ Adapter	Preassembled unit	
Type <u>wire wrapped</u> (louvered, etc.)	<u>.015</u>	Material <u>stainless</u>	Use of Well <u>Domestic</u>		
Length <u>4</u> ft.	Diameter <u>4</u> in.	☒ Rotary	Cable	Augered	Driven
Set between <u>144</u> ft. and <u>148</u> ft.	Slot <u>.015</u>				Other
			Date of Completion <u>6-29-96</u>		

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
<u>top soil</u>	<u>0</u>	<u>1</u>
<u>yellow clay</u>	<u>1</u>	<u>20</u>
<u>Blue clay & gravel</u>	<u>20</u>	<u>140</u>
<u>Sand & Gravel</u>	<u>140</u>	<u>148</u>

WELL TEST

Bailing	Pumping*	Other
Test rate <u>2</u> gpm	Duration of test	hrs.
Drawdown		ft.
Measured from: ☒ Top of casing	ground level	Other
Static Level (depth to water) <u>10</u> ft.	Date: <u>6-29-96</u>	
Quality (clear, cloudy, taste, odor)		

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

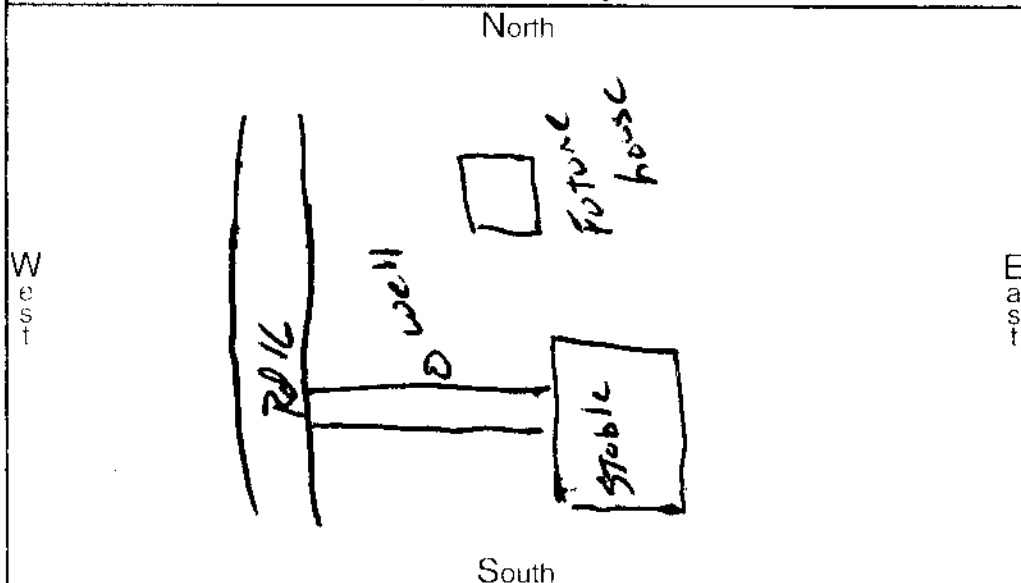
PUMP

Type of pump <u>Meyers</u>	Capacity <u>8</u> gpm
Pump set at <u>140</u>	ft.
Pump installed by <u>Costans</u>	

WELL LOCATION

Location of well in State Plane coordinates, if available:
Zone x y
Elevation of well ft./m. Datum plain: INAD27 INAD83
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 Costans Well Service

Signed Michael Costans

Address 07202 Rd 16

Date 7-1-97

City/State/Zip Bryon Ohio 43506

ODH Registration Number 2044

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