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

840918

Permit Number _____

COUNTY Preble TOWNSHIP Twin SECTION/LOT No. _____ (Circle One)

OWNER/BUILDER (Circle One or Both) First: Don Last: Dailey PROPERTY ADDRESS (Address of well location) Number: 2300 Street: Jordan Rd City: _____

LOCATION OF PROPERTY ½ mi. S. of Lex-Salem Rd on E.S. of Jordan Rd - ½ mi. Back ln. Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 6 in.

[1] Diameter 6 in. Length* 92 ft. Wall Thickness _____ 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 Benseal Volume used Dry

Method of installation Cable

Depth: placed from 0 ft. to 80 ft.

GRAVEL PACK (Filter Pack)

Material N/A Volume used _____

Method of installation _____

Depth: placed from _____ ft. to _____ ft.

Pitless Device ☐ Adapter ☐ Preassembled unit

Use of Well Domestic

☐ Rotary ☑ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____

Date of Completion 11-12-96

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
CLAY Brown	0	12
CLAY Gray	12	86
SHALE	86	110

WATER AT 87'

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

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other _____

Test rate 3 gpm Duration of test 3 hrs.

Drawdown — ft.

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

Static Level (depth to water) 15 ft. Date: 11-12-96

Quality (clear, cloudy, taste, 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

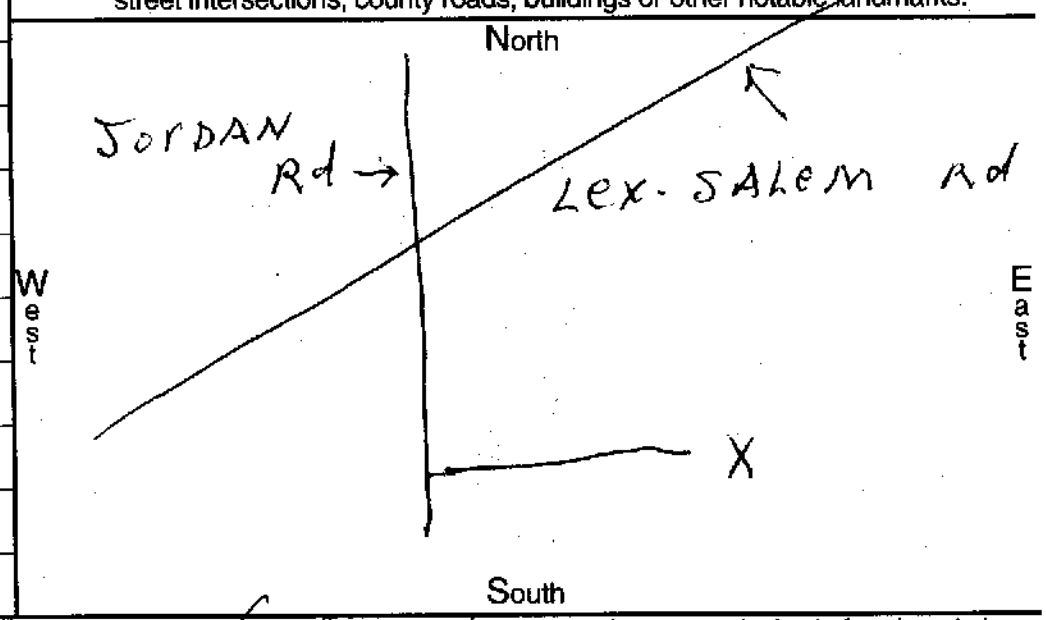
Location of well in State Plane coordinates, if available:

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.



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

Drilling Firm Wilson Well Drilling

Signed Neil Wilson

Address 12080 SR 122

Date 11-14-96

City, State, Zip Camden Ohio 45311

ODH Registration Number 516

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