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

Permit Number 840930 1711

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

OWNER/BUILDER (Circle One or Both) Richard (First) Collins (Last) PROPERTY ADDRESS (Address of well location) 1681 (Number) Timo Ln. (Street) W. Alex (City) 45381 (Zip Code + 4)

LOCATION OF PROPERTY W.S. same as above 400' S. of Fisher Twin Rd

CONSTRUCTION DETAILS

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

[1] Diameter 6 in. Length* 44 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 Ben Seal Dry Volume used ____

Method of installation Cable

Depth: placed from 0 ft. to ? 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 9-6-96

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
SAND	12	15
CLAY Gray	15	35
SAND + Gravel (W) water	35	42
CLAY Gray	42	44

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

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other ____

Test rate 20 gpm Duration of test 3 hrs.

Drawdown 5 ft.

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

Static Level (depth to water) 25 ft. Date: 9-6-96

Quality (clear, cloudy, taste, odor) Clear

*(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

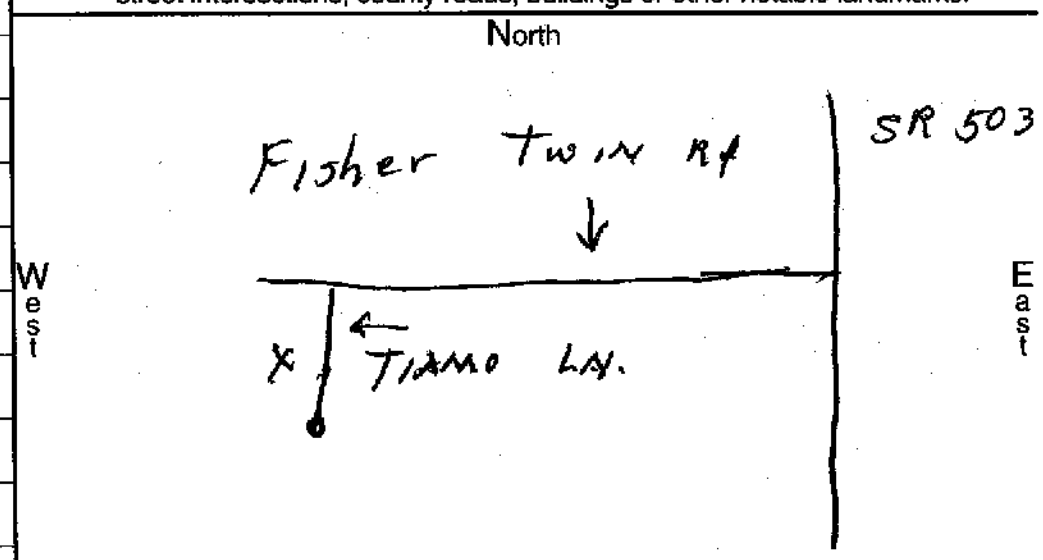
Location of well in State Plane coordinates, if available:

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.



Drilling Firm Wilson's Well Drilling

Address 12080 SR 122

City, State, Zip Camden Oh 10 45311

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

Signed Neil Wilson

Date 9-24-96

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