

DNF 7802 94
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

842754

Permit Number *US-97-001*

COUNTY *Montgomery*

TOWNSHIP *CLAY*

SECTION/LOT No.
(Circle One)

OWNER/BUILDER
(Circle One or Both)

Todd Crawford

PROPERTY ADDRESS
(Address of well location)

880 S Fols Rd New Lisbon OH

LOCATION OF PROPERTY

West Branch Rd 1/4 mi E of Prob. Mt Co line Rd

Zip Code - 4

CONSTRUCTION DETAILS

CASING (Length below grade)		Borehole Diameter		in.		GROUT	
1 Diameter	<i>6</i>	in.	Length	<i>36</i>	ft.	Wall Thickness	<i>157</i>
2 Diameter		in.	Length		ft.	Wall Thickness	
Type:	☒ Steel	☒ Galv.	☐ PVC	☐ Other		Material	<i>Wyo Den</i>
Joints:	☒ Threaded	☐ Welded	☐ Solvent	☐ Other		Method of installation	<i>Gravity</i>
Liner:	Length	Type	Wall Thickness			Depth: placed from	<i>0</i> ft. to <i>36'</i>
SCREEN				GRAVEL PACK (Filter Pack)			
Type (wire wrapped, louvered, etc.)				Material			
Length				ft.			
Diameter				ft.			
Set between				ft. and			
Slot				ft.			
Pitless Device				Use of Well			
☒ Adapter				☒ None			
☐ Preassembled unit				☐ Rotary			
☐ Cable				☐ Augered			
☐ Driven				☐ Dug			
☐ Other				Date of Completion <i>5-20-97</i>			

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
<i>Soil</i>	<i>0</i>	<i>2</i>
<i>Clay</i>	<i>2</i>	<i>34</i>
<i>Broken Limestone</i>	<i>34</i>	<i>35</i>
<i>Hard Limestone</i>	<i>35</i>	<i>65</i>
<i>1"</i>	<i>65</i>	<i>-</i>

WELL TEST

☒ Bailing ☒ Pumping ☐ Other

Test rate *10* gpm Duration of test *4* hrs.

Drawdown *16'*

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

Static Level (depth to water) *17* ft. Date: *5-20-97*

Quality (clear, cloudy, taste, odor) *clear*

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

PUMP

Type of pump *2 HP* Capacity *10 GPM* gpm

Pump set at *65'* ft.

Pump installed by *OWNER*

WELL LOCATION

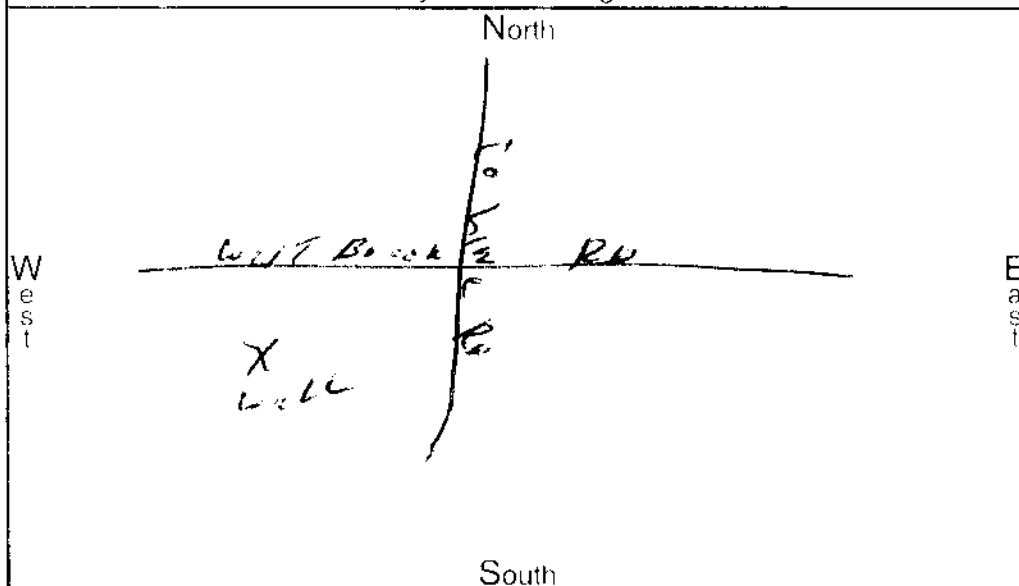
Location of well in State Plane coordinates, if available:

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.



(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 *D.C. Berner Co*

Signed *Phil Berner*

Address *1130 E Main St*

Date *5-21-97*

City, State, Zip *Trotter Ohio*

ODH Registration Number *12P*

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