

WELL LOG AND DRILLING REPORT

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

843072

Permit Number 147-96

COUNTY **ALLEN**

TOWNSHIP **AMANDA**

SECTION/LOT No.
(Circle One)

OWNER/BUILDER **GREGORY Johnson**
(Circle One or Both) First Last

PROPERTY ADDRESS **7020 Ft. AMANDARA**
(Address of well location) Number Street

LIMA
City

LOCATION OF PROPERTY **S.A.A.**

Zip Code + 4

CONSTRUCTION DETAILS

CASING (Length below grade)		Borehole Diameter	9 in.	GROUT	
1 Diameter	6 in.	Length*	67 ft.	Material	Bentonite
2 Diameter		Length*		Method of installation	Pump
Type:	1 Steel	1 Galv.	1 PVC	Depth: placed from	0 ft. to 67 ft.
	2	2	2 Other	GRAVEL PACK (Filter Pack)	
Joints:	1 Threaded	1 Welded	1 Solvent	Material	
	2	2	2 Other	Method of installation	
Liner:	Length	Type	Wall Thickness	Depth: placed from	ft. to ft.
SCREEN				Pitless Device	1 Adapter 1 Preassembled unit
Type (wire wrapped, louvered, etc.)				Use of Well	
Length	3 ft.	Diameter	6 in.	X Rotary Cable Augered Driven Dug Other	
Set between	ft. and	ft.	Slot .020	Date of Completion	11-6-96

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
Fill	0	3
Yellow Clay	3	16
Blue Clay	16	64
Sand & Gravel	64	67

WELL TEST

Bailing	15	Pumping*	Other
Test rate		gpm	Duration of test
Drawdown			hrs. ft.
Measured from:	X top of casing	ground level	Other
Static Level (depth to water)	44 ft.	Date:	11-6-96
Quality (clear, cloudy, taste, odor)	Clear		

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

PUMP

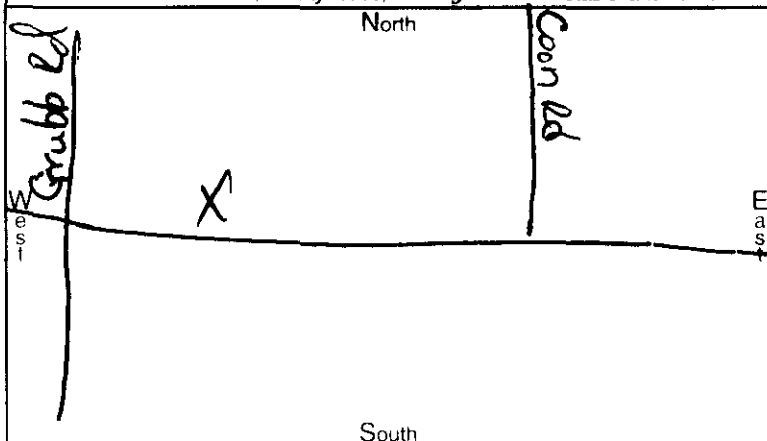
Type of pump	Capacity	gpm
Pump set at		ft.
Pump installed by		

WELL LOCATION

Location of well in State Plane coordinates, if available:

Zone	x	y
Elevation of well	ft./m.	Datum plain: NAD27 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 **G.H. BIERLY, INC.**

Signed **Bruce Churns**

Address **Box 7171**

Date **11-6-96**

City, State, Zip **Lafayette, Ohio 45854**

ODH Registration Number **715**

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 - Diner's copy Green - Local Health Dept. copy