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

849090

Permit Number _____

COUNTY HENRY TOWNSHIP WASHINGTON SECTION/LOT No. _____ (Circle One)

OWNER/BUILDER (Circle One or Both) MILORCO / MCCURDY (First) / WHALEN (Last) PROPERTY ADDRESS (Address of well location) 2-709 ROW (Number Street) LIBERTY CENTER (City) 43532 (Zip Code + 4)

LOCATION OF PROPERTY 2-709 ROW ½ mi EAST OF 3 SOUTH SIDE

CONSTRUCTION DETAILS

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

[1] Diameter _____ in. Length* _____ 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. Slot _____

Set between _____ ft. and _____ ft.

GROUT

Material _____ Volume used _____

Method of installation _____

Depth: placed from _____ ft. to _____ ft.

GRAVEL PACK (Filter Pack)

Material _____ Volume used _____

Method of installation _____

Depth: placed from _____ ft. to _____ ft.

Pitless Device ☐ Adapter ☐ Preassembled unit

Use of Well _____

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

Date of Completion 8/8/98

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
LIME STONE	78	98
DRILLED EXISTING WELL DEEPER		

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

WELL TEST

☐ Bailing ☒ Pumping* ☐ Other _____

Test rate 4 gpm Duration of test 2 hrs.

Drawdown 8 ft.

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

Static Level (depth to water) 74 ft. Date: 8/9/98

Quality (clear, cloudy, taste, odor) CLEAR SWEET

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

PUMP

Type of pump SUB Capacity _____ gpm

Pump set at 90 ft.

Pump installed by EXISTING

WELL LOCATION

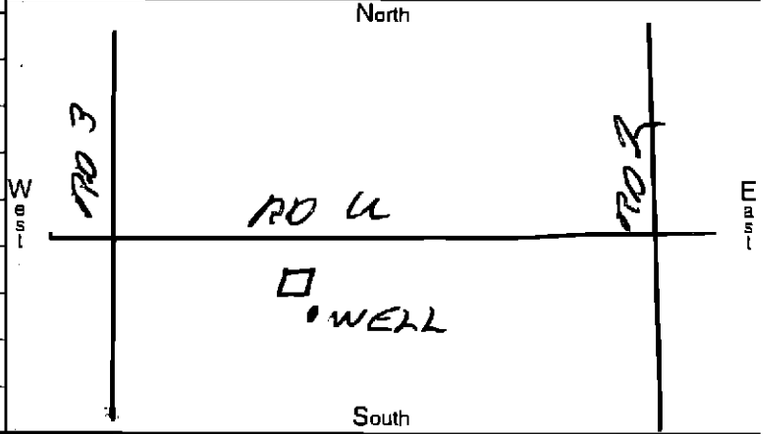
Location of well in State Plane coordinates, if available:

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 MEYER WELL DRILLING

Address 1653-C

City, State, Zip SWANTON OHIO 43558

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

Signed _____

Date 8/10/98

ODH Registration Number 61

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