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

850294

Permit Number _____

COUNTY Lucas TOWNSHIP Toledo SECTION/LOT No. _____ (Circle One)

OWNER/BUILDER (Circle One or Both) Spaulding First Last PROPERTY ADDRESS (Address of well location) 5010 Secor Rd Number Street Toledo City

LOCATION OF PROPERTY Toledo Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 10" in.

1 Diameter 4" in. Length* 5' ft. Wall Thickness _____ in.

2 Diameter _____ in. Length* _____ ft. Wall Thickness _____ in.

Type: 1 Steel 1 Galv. 2 PVC 1 2 Other _____

Joints: 2 Threaded 1 Welded 1 Solvent 1 2 Other _____

Liner: Length _____ Type _____ Wall Thickness _____ in.

SCREEN

Type (wire wrapped, louvered, etc.) _____ Material _____

Length 10' ft. Diameter 4" in.

Set between 15' ft. and 5' ft. Slot .010

GROUT

Material Bentinite Volume used 50 lbs

Method of installation open Hole

Depth: placed from 4' ft. to 1' ft.

GRAVEL PACK (Filter Pack)

Material Sand Volume used 500 lbs

Method of installation Through Auger

Depth: placed from 15' ft. to 4' ft.

Pitless Device ☐ Adapter ☐ Preassembled unit

Use of Well _____

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

Date of Completion _____

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
Asphalt - Fill	0	2'
Brown Sand	2'	9'
silty Clay	9'	15'

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

WELL TEST

☐ Bailing ☐ Pumping* ☐ Other _____

Test rate _____ gpm Duration of test _____ hrs.

Drawdown _____ ft.

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

Static Level (depth to water) _____ ft. Date: _____

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

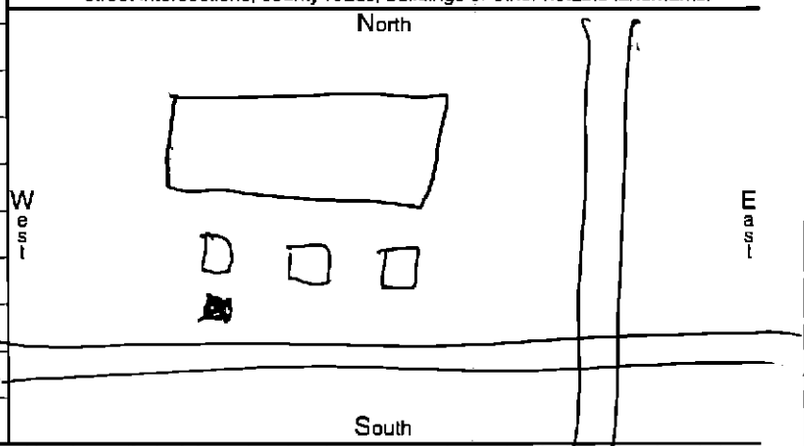
Location of well in State Plane coordinates, if available:

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 North coast Drilling

Signed _____

Address 12344 S Reed Rd

Date 2-9-00

City, State, Zip EATON Twshp, Oh, 44044

ODH Registration Number _____

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