DNR 7502.94
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

850297

Permit Number _____

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

OWNER/BUILDER (Circle One or Both) First Speedway Last PROPERTY ADDRESS (Address of well location) 5010 Secor Rd Toledo
1st Number Street City

LOCATION OF PROPERTY Toledo Zip Code + 4

CONSTRUCTION DETAILS

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

[1] Diameter 4" in. Length* _____ ft. Wall Thickness _____ in.
[2] Diameter 4" in. Length* _____ ft. Wall Thickness _____ in.

Type: [1] Steel [1] Galv. [1] PVC [1] [2] Other _____
Joints: [1] 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 2-8-99

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
Concrete 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)

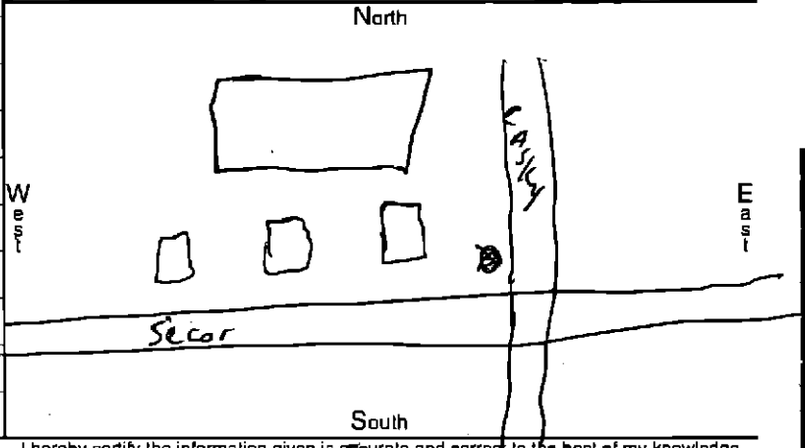
PUMP

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 Twsp 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