

WELL LOG AND DRILLING REPORT

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

Ohio Department of Natural Resources
Division of Water, 1939 Fountain Square Drive
Columbus, Ohio 43224-9971 Voice (614) 265-6739 Fax (614) 447-9503

886130

WELL LOCATION		CONSTRUCTION DETAILS																				
County <u>LAKE</u> Township <u>MADISON</u> Owner/Builder <u>BARRY & DENISE MARTIN</u> (Circle One or Both) First Last Address of Well Location <u>3512 DAYTON ROAD</u> Number Street Name City <u>MADISON</u> Zip Code +4 <u>4057</u> Permit No. <u>99244263</u> Section/Lot No. _____ (Circle One or Both) Location of Well in State Plane coordinates, if available: _____ Use of Well <u>HOUSEHOLD</u> N ☐ X _____ +/- _____ ft. or m S ☐ Y _____ +/- _____ ft. or m Elevation of Well _____ +/- _____ ft. or m Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source _____ 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 latitude and longitude are available please include here: Lat: _____ Long: _____ <u>State Rt 84</u> North		☐ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Other _____ BOREHOLE/CASING (measured from ground surface) 1 ☐ Borehole Diameter _____ inches Depth <u>16</u> ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in. 2 ☐ Borehole Diameter <u>4</u> inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in. Casing Height Above Ground _____ ft. Type 1 ☐ Steel 1 ☐ Galv. 1 ☐ PVC 1 ☐ _____ 2 ☐ _____ 2 ☐ _____ 2 ☐ _____ 2 ☐ Other _____ Joints 1 ☐ Threaded 1 ☐ Welded 1 ☐ Solvent 1 ☐ _____ 2 ☐ _____ 2 ☐ _____ 2 ☐ _____ 2 ☐ Other _____ SCREEN Diameter _____ Slot Size _____ Screen Length _____ ft. Type _____ Material _____ Set Between _____ ft. and _____ ft. GRAVEL PACK (Filter Pack) Material/Size _____ Volume/Weight Used _____ Method of Installation _____ Depth: Placed FROM _____ ft. TO _____ ft. GROUT Material _____ Volume/Weight Used _____ Method of Installation _____ Depth: Placed FROM _____ ft. TO _____ ft.																				
		DRILLING LOG*																				
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED. Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.</th> <th style="text-align: center;">From</th> <th style="text-align: center;">To</th> </tr> </thead> <tbody> <tr> <td>TOPSOIL</td> <td style="text-align: center;">0</td> <td style="text-align: center;">2'</td> </tr> <tr> <td>YELLOW SAND</td> <td style="text-align: center;">2'</td> <td style="text-align: center;">4'</td> </tr> <tr> <td>BROWN SANDY CLAY</td> <td style="text-align: center;">4'</td> <td style="text-align: center;">9'</td> </tr> <tr> <td>BROWN SAND</td> <td style="text-align: center;">9'</td> <td style="text-align: center;">11'</td> </tr> <tr> <td>BLUE SAND</td> <td style="text-align: center;">11'</td> <td style="text-align: center;">16'</td> </tr> <tr> <td colspan="3" style="text-align: center;">* HIT WATER @9'</td> </tr> </tbody> </table>		INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED. Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.	From	To	TOPSOIL	0	2'	YELLOW SAND	2'	4'	BROWN SANDY CLAY	4'	9'	BROWN SAND	9'	11'	BLUE SAND	11'	16'	* HIT WATER @9'
INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED. Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.	From	To																				
TOPSOIL	0	2'																				
YELLOW SAND	2'	4'																				
BROWN SANDY CLAY	4'	9'																				
BROWN SAND	9'	11'																				
BLUE SAND	11'	16'																				
* HIT WATER @9'																						
WELL TEST* Pre-Pumping Static Level <u>8</u> ft. Date <u>9-3-99</u> Measured from: ☒ Top of Casing ☐ Ground Level ☐ Other _____ ☐ Air ☐ Bailing ☒ Pumping* ☐ Other _____ Test Rate <u>7</u> gpm Duration of Test <u>2</u> hrs. Feet of Drawdown <u>2'</u> Sustainable Yield _____ gpm (Attach a copy of the pumping test record, per section 1521.05, ORC) s Copy Attached? ☐ Yes ☒ No Flowing Well? ☐ Yes ☒ No Quality <u>CLEAR NO ODOR</u>																						
PUMP/PITLESS Type of pump _____ Capacity _____ gpm Pump set at _____ ft. Pitless Type _____ Pump installed by _____ I hereby certify the information given is accurate and correct to the best of my knowledge.																						
Drilling Firm <u>BEACH BROS. EXCAVATING</u> Address <u>2272 MCMACKIN ROAD</u> City, State, Zip <u>MADISON OHIO 44057</u>																						
Signed <u>[Signature]</u> Date <u>28 SEPT</u> ODH Registration Number <u>01481</u>																						
		(If more space is needed to complete drilling log, use next consecutively numbered form.) Date of Well Completion <u>8-30-99</u> Total Depth of Well <u>16</u> ft.																				

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 43224-9971

Blue - Customer's copy Pink - Driller's copy Green - Local Health Dept. copy