DNR 7802.96

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 43224-9971 Voice (614) 265-6739 Fax (614) 447-9503

886131

WELL LOCATION

County LAKE Township MADISON

Owner/Builder (Circle One or Both) JANET QUIRK (First / Last)

Address of Well Location 6920 MIDDLERIDGE (Number / Street Name)

City MADISON Zip Code +4 44057

Permit No. 99244279 Section/Lot No. (Circle One or Both)

Location of Well in State Plane coordinates, if available: Use of Well

N ☐ X _____ . _____ +/- _____ ft. or m

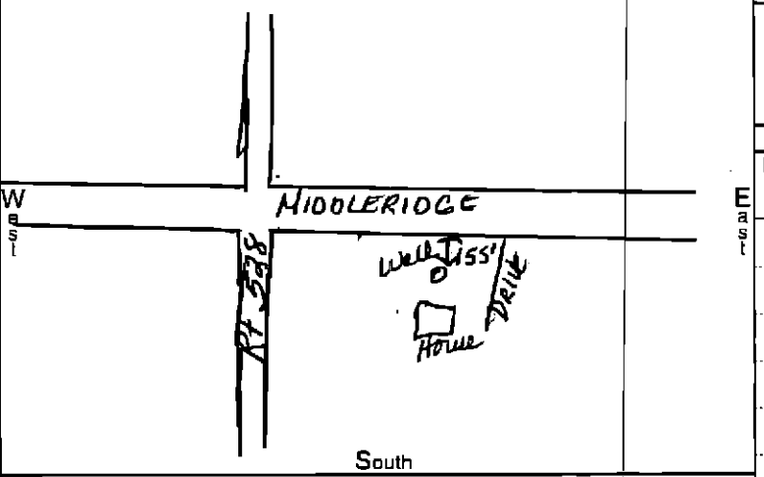
S ☐ Y _____ . _____ +/- _____ ft. or m

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:



WELL TEST*

Pre-Pumping Static Level 13' ft. Date 11-12-99

Measured from: ☒ Top of Casing ☐ Ground Level ☐ Other

☐ Air ☐ Bailing ☒ Pumping* ☐ Other

Test Rate 25 gpm Duration of Test 2 hrs.

Feet of Drawdown _____ ft. Sustainable Yield _____ gpm

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

Is Copy Attached? ☐ Yes ☐ No Flowing Well? ☐ Yes ☐ No

Quality GOOD

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 BEACH BROS. EXCAVATING

Address 2272 MCMACKIN ROAD

City, State, Zip MADISON OHIO 40457

Signed George J. Beach Date 11-17-99

ODH Registration Number 01481

CONSTRUCTION DETAILS

☐ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Other

BOREHOLE/CASING (measured from ground surface)

1☐ Borehole Diameter _____ inches Depth _____ ft.

Casing Diameter 4" in. Length _____ ft. Thickness _____ in.

2☐ Borehole Diameter _____ inches Depth _____ ft.

Casing Diameter _____ in. Length _____ ft. Thickness _____ in.

Casing Height Above Ground _____ ft.

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

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*

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	1'
BROWN YELLOW GRAVEL	1'	10'
GREY SAND	10'	20'
HIT WATER @10'		

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

Date of Well Completion 11-5-99 Total Depth of Well 20 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