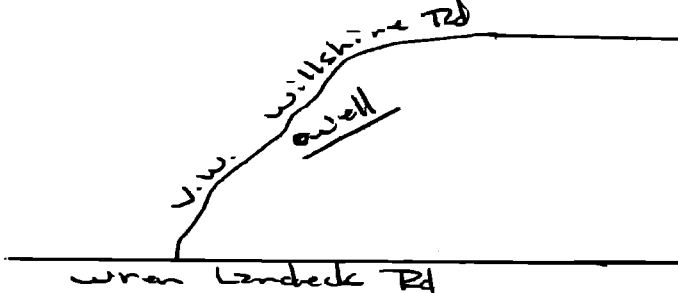


TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

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

910650

WELL LOCATION	CONSTRUCTION DETAILS
County <u>Van Wert</u> Township <u>Liberty</u>	☒ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Other _____
Owner/Builder <u>Paul German</u> (Circle One or Both) First Last	BOREHOLE/CASING (measured from ground surface)
Address of Well Location <u>13070 Van Wert Willshire Rd</u> Number Street Name	1 ☐ Borehole Diameter <u>9</u> inches Depth <u>86</u> ft. Casing Diameter <u>6</u> in. Length <u>87</u> ft. Thickness <u>5/16</u> in.
City <u>Van Wert</u> Zip Code +4 <u>5891</u>	2 ☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.
Permit No. <u>21(00)</u> Section/Lot No. <u>20</u> (Circle One or Both)	Casing Height Above Ground <u>1</u> ft.
Location of Well in State Plane coordinates, if available: Use of Well <u>Domestic</u>	Type 1 ☐ Steel 1 ☐ Galv. 1 ☒ PVC 1 ☐ 2 ☐ 2 ☐ 2 ☐ 2 ☐ Other _____
N ☐ X _____ +/- _____ ft. or m	Joints 1 ☐ Threaded 1 ☐ Welded 1 ☒ Solvent 1 ☐ 2 ☐ 2 ☐ 2 ☐ 2 ☐ Other _____
S ☐ Y _____ +/- _____ ft. or m	SCREEN
Elevation of Well _____ +/- _____ ft. or m	Diameter _____ Slot Size _____ Screen Length _____ ft.
Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source _____	Type _____ Material _____
Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____	Set Between _____ ft. and _____ ft.
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: _____ 	GRAVEL PACK (Filter Pack)
	Material/Size _____ Volume/Weight Used _____
	Method of Installation _____
	Depth: Placed FROM _____ ft. TO _____ ft.
	GROUT
	Material <u>Bentonite</u> Volume/Weight Used <u>350 lbs</u>
	Method of Installation <u>Pump</u>
	Depth: Placed FROM <u>86</u> ft. TO <u>0</u> ft.
WELL TEST*	DRILLING LOG*
Pre-Pumping Static Level <u>30</u> ft. Date <u>3/7/00</u>	INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.
Measured from: ☒ Top of Casing ☐ Ground Level ☐ Other _____	Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.
☒ Air ☐ Bailing ☐ Pumping* ☐ Other _____	From To
Test Rate <u>30</u> gpm Duration of Test <u>1</u> hrs.	<u>Clay</u> 0 80
Feet of Drawdown <u>30</u> ft. Sustainable Yield <u>30</u> gpm	<u>Limestone</u> 80 122
*(Attach a copy of the pumping test record, per section 1521.05, ORC)	
Is Copy Attached? ☐ Yes ☐ No Flowing Well? ☐ Yes ☐ No	
Quality _____	
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>Sever Well Drilling</u>	
Address _____	
City, State, Zip <u>Delphos Oh.</u>	
Signed <u>Dan Sam</u> Date <u>3/7/00</u>	(If more space is needed to complete drilling log, use next consecutively numbered form.)
ODH Registration Number <u>116</u>	Date of Well Completion <u>3/7/00</u> Total Depth of Well <u>122</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