

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

915731

WELL LOCATION		CONSTRUCTION DETAILS							
County <u>Ottawa</u> Township <u>Put in Bay</u> Owner/Builder <u>Marvin Bocker</u> (Circle One or Both) First Last Address of Well Location <u>641 S.R. 357</u> Number Street Name City <u>Put in Bay</u> Zip Code +4 <u>43456</u> Permit No. <u>00-113</u> Section/Lot No. _____ (Circle One or Both) Location of Well in State Plane coordinates, if available: Use of Well: <u>Residential</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 _____		☒ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Other BOREHOLE/CASING (measured from ground surface) 1 ☒ Borehole Diameter <u>8 3/4</u> inches Depth <u>25</u> ft. Casing Diameter <u>6</u> in. Length <u>26</u> ft. Thickness <u>DR21</u> in. 2 Borehole Diameter _____ 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 _____							
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: _____ North Drive Way *Well BARN S.R. 357 South Mike Drive West East		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 <u>Beniscor</u> Volume/Weight Used <u>75 lbs</u> Method of Installation <u>Dumped</u> Depth: Placed FROM _____ ft. TO <u>25</u> ft.							
WELL TEST* Pre-Pumping Static Level <u>9</u> ft. Date <u>11/19/00</u> Measured from: ☐ Top of Casing ☒ Ground Level ☐ Other _____ ☒ Air ☐ Bailing ☐ Pumping* ☐ Other _____ Test Rate <u>35+</u> gpm Duration of Test <u>1 1/2</u> 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 <u>Good</u>		DRILLING LOG* INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED. Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc. Clay Limestone <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>8'</td> </tr> <tr> <td>8'</td> <td>60'</td> </tr> </tbody> </table> H₂O @ 43'		From	To	0	8'	8'	60'
From	To								
0	8'								
8'	60'								
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.		(If more space is needed to complete drilling log, use next consecutively numbered form.) Date of Well Completion <u>11/19/00</u> Total Depth of Well <u>60</u> ft.							
Drilling Firm <u>Olds Well Drilling</u> Address <u>108 E. Main</u> City, State, Zip <u>Frederick, Ohio 43420</u> Signed <u>Roger Olds</u> Date <u>11/20/00</u> ODH Registration Number <u>02362</u>									