

**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 43224-9975 • Voice (614) 266-6739 Fax (614) 447-9503

955524

WELL LOCATION		CONSTRUCTION DETAILS	
County <u>MARION</u>	Township <u>Walton</u>	☒ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Other _____	
Owner/Builder <u>MAX Carey</u>	Address of Well Location <u>1414 Bethahane Road</u>	BOREHOLE/CASING (measured from ground surface)	
City <u>Piquette</u>	Zip Code +4 <u>4842</u>	☐ Borehole Diameter <u>2 7/8</u> inches	Depth <u>28</u> ft.
Permit No. <u>20235</u>	Section/Lot No. _____	Casing Diameter <u>3</u> in. Length <u>30</u> ft. Thickness _____ in.	
Location of Well in State Plane coordinates, if available:	Use of Well <u>Private home</u>	☐ Borehole Diameter _____ inches	Depth _____ ft.
N ☐ X <u>9634</u> 4029042375 +/- _____ ft. or m		Casing Height Above Ground <u>18 inches</u>	
S ☐ Y <u>08308420</u> +/- _____ ft. or m		Type 1 ☐ Steel 1 ☐ Galv. 1 ☒ PVC 1 ☐	
Elevation of Well <u>9634 .326</u> +/- _____ ft. or m		2 ☐ Steel 2 ☐ Galv. 2 ☐ PVC 2 ☐ Other _____	
Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source _____		Joints 1 ☐ Threaded 1 ☐ Welded 1 ☒ Solvent 1 ☐	
Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____		2 ☐ Threaded 2 ☐ Welded 2 ☐ Solvent 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 _____		SCREEN	
West Bethahane Rd Schweinfuth X-well East		Diameter _____ Slot Size _____ Screen Length _____ ft.	
		Type _____ Material _____	
		Set Between _____ ft. and _____ ft.	
		GRAVEL PACK (Packer)	
		Material/Size _____ Volume/Weight Used _____	
		Method of Installation _____	
		Depth: Placed FROM _____ ft. TO _____ ft.	
		GROUT	
		Material <u>Benasol</u> Volume/Weight Used <u>50 lbs./40</u>	
		Method of Installation <u>Dumped</u>	
		Depth: Placed FROM <u>28</u> ft. TO <u>Surface</u> 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
<u>Sand and Gravel</u>		<u>0</u>	<u>22</u>
<u>Limestone</u>		<u>28</u>	<u>58</u>
<u>Water at 34'</u>			
WELL TEST*			
Pre-Pumping Static Level _____ ft. Date _____			
Measured from: ☐ Top of Casing ☐ Ground Level ☐ Other _____			
☐ Air ☐ Bailing ☐ Pumping* ☐ Other _____			
Test Rate _____ gpm Duration of Test _____ 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 _____			
PUMP/PITLESS			
Type of pump _____ Capacity _____ gpm			
Pump set at _____ ft. Pileless Type _____			
Pump installed by <u>Max Carey</u>			
I hereby certify the information given is accurate and correct to the best of my knowledge.			
Drilling Firm <u>Complete Well Service</u>			
Address <u>1765 Smith Rd</u>			
City, State, Zip <u>Ashley, Ohio 43003</u>			
Signed <u>William H. Deal</u> Date <u>8/3/04</u>			
ODH Registration Number _____			
Date of Well Completion <u>8/3/04</u> Total Depth of Well <u>34</u> ft.			

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

COPY TO - ODNR, DIVISION OF WATER, 1939 FOUNTAIN SQ. DRIVE, COLS., OHIO 43224-9071
 - Inside copy Pink - Driller's copy Green - Local Health Dept. copy