DNR 7802.96

TYPE OR USE PEN
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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

963154

## WELL LOCATION

County Greene Township Bath

Owner/Builder (Circle One or Both) Wilford Googe
First Last

Address of Well Location 3728 St Rt 235
Number Street Name

City Fairborn Zip Code +4 5324

Permit No. 988355 Section/Lot No. (Circle One or Both)

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

N ☒ X 39° 47' 32.9" +/- ____ ft. or m

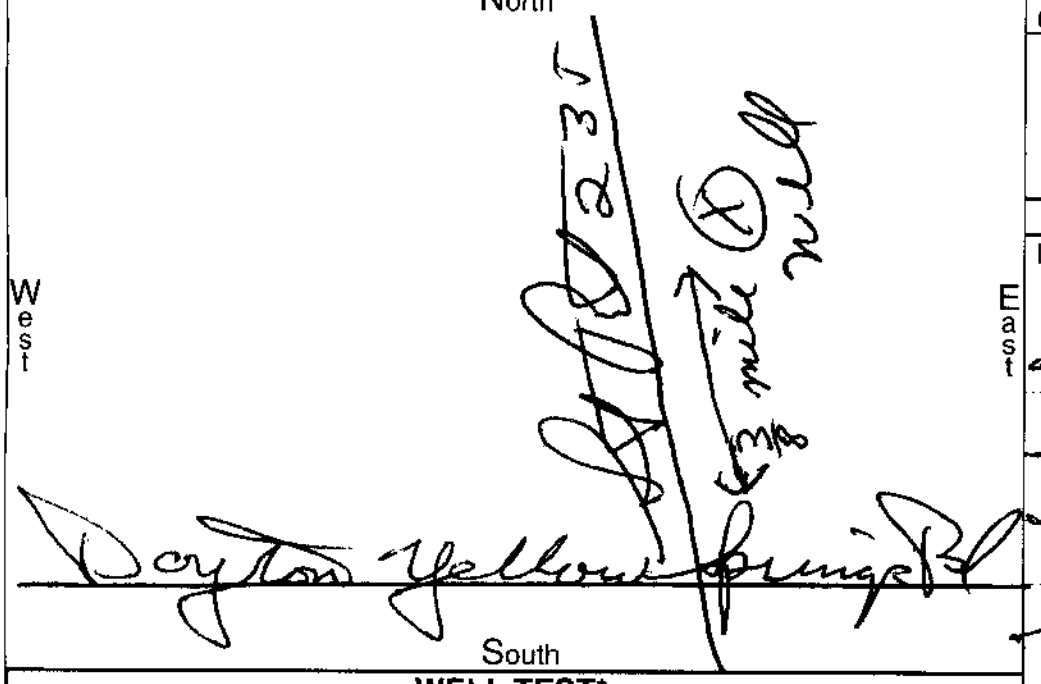
W ☐ Y 83° 57' 53.4" +/- ____ ft. or m

Elevation of Well 1037.5 +/- 15 ft. or m

Datum Plain: ☐ NAD27 ☒ NAD83 Elevation Source GPS

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: ____




## CONSTRUCTION DETAILS

☒ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Other ____

**BOREHOLE/CASING** (measured from ground surface)

1 ☐ Borehole Diameter 8 3/4 inches Depth 53' 4" ft.
Casing Diameter 6 in. Length 53 ft. Thickness SDR21 in.

2 ☐ Borehole Diameter ____ inches Depth ____ ft.
Casing Diameter ____ in. Length ____ ft. Thickness ____ in.

Casing Height Above Ground 1' 4"

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 Bentonite Volume/Weight Used 100 lbs
Method of Installation Tremie Pipe
Depth: Placed FROM 52 ft. TO 0 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 |
|---|---|---|
| Top Soil | 0 | 5 |
| Sand & Gravel | 5 | 20 |
| Sandy Blue Clay | 20 | 52 |
| Brown Limestone | 52 | 56 |
| Gray " | 56 | 62 |

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

Date of Well Completion 4-28-06 Total Depth of Well 62 ft.

## WELL TEST*

Pre-Pumping Static Level 15 ft. Date 4-28-06

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

☒ Air ☐ Bailing ☐ Pumping* ☐ Other ____

Test Rate 15 gpm Duration of Test 1/2 hrs

Feet of Drawdown 30 ft. Sustainable Yield 15 gpm

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

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

Quality Clear

## 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 Jenkins Well Drilling

Address 9X0 N. Eaton Rd

City, State, Zip Yellow Springs Ohio 45387

Signed John B. Jenkins Date 5-1-06

ODH Registration Number 75

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