

WELL LOG AND DRILLING REPORTTYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARDOhio Department of Natural Resources
Division of Water, 1939 Fountain Square Drive
Columbus, Ohio 43224-9971 Voice (614) 265-6739 Fax (614) 447-9503

963942

WELL LOCATION

County Delaware Township _____

Owner/Builder River Community Church
(Circle One or Both) First Last

Address of Well Location St. Rt. 42
Number Street Name

City Delaware Zip Code +4 43015

Permit No. _____ 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

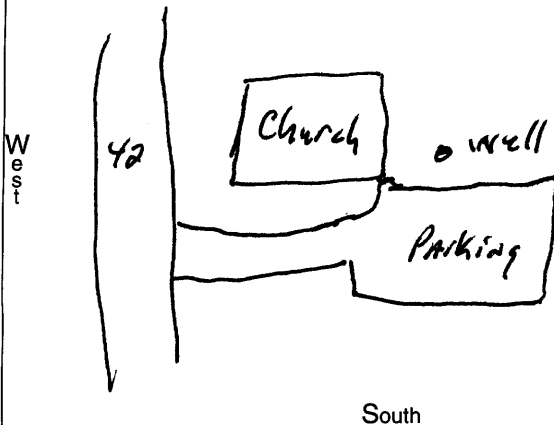
Elevation of Well _____ +/- _____ ft. or m

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 200' from Road

**CONSTRUCTION DETAILS**

☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Other _____

BOREHOLE/CASING (measured from ground surface)

1 ☐ Borehole Diameter _____ inches Depth _____ ft.

Casing Diameter 5 in. Length _____ ft. Thickness _____ in.

2 ☐ Borehole Diameter _____ inches Depth _____ ft.

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

Casing Height Above Ground 18" 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 _____

SCREEN

Diameter _____ Slot Size _____ Screen Length 2 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 Bensol Volume/Weight Used 4 Bags

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

Sand and Gravel

70

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 MYD 10 GPM Capacity 10 gpm

Pump set at _____ ft. Pitless Type Dickens

Pump installed by Cal Eyer and Sons Pump

I hereby certify the information given is accurate and correct to the best of my knowledge.

Drilling Firm Arthur E. Plummer and Son

Address 7101 Mills Rd.

City, State, Zip Ostrander, Ohio 43061

Signed _____ Date 3/25/02

ODH Registration Number _____

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

Date of Well Completion 3/25/02 Total Depth of Well 70 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