

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) 265-6740 Fax (614) 265-6767

976207

WELL LOCATION**CONSTRUCTION DETAILS**

County **PUTNAM** Township **OTTAWA**

Owner/Builder (Circle One or Both) **JUDY WOLKE**
First Last

Address of Well Location **11043 RD H**
Number Street Name

City **OTTAWA** Zip Code +4 **45875**

Permit No. **506589** Section/Lot No. (Circle One or Both)

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

N ☒ X ☐ S ☐ Y ☐ Elevation of Well **754'**

Datum Plain: ☒ NAD27 ☐ NAD83 Elevation Source **GPS**

Source of Coordinates: ☒ GPS ☐ Survey ☐ Other

☒ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Other

BOREHOLE/CASING (measured from ground surface)

1 Borehole Diameter inches Depth ft.
Casing Diameter in. Length ft. Thickness 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 Other
2 2 2 2 2

Joints 1 Threaded 1 Welded 1 Solvent 1
2 2 2 2 2

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 Volume/Weight Used

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

Existing well 161

gray medium limestone 161 382
white soft limestone 382 400

water @ 392'-393'

No well log on record.
Do not have information
on above construction
details.**WELL TEST***

Pre-Pumping Static Level **110** ft. Date **6-1-12**

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

☒ Air ☐ Bailing ☐ Pumping ☐ Other

Test Rate **30** gpm Duration of Test **1** hrs.

Feet of Drawdown **282** ft. Sustainable Yield **30** gpm

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

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

Quality **light sulfur**

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 **Benchmark Drilling**

Address **8685 RD 11**

City, State, Zip **OTTAWA, OH 45875**

Signed **R. L. D. Hoff** Date **6-1-12**

ODH Registration Number **3428**

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

Date of Well Completion **6-1-12** Total Depth of Well **400** 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