

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

976209

WELL LOCATION		CONSTRUCTION DETAILS											
County PUTNAM Township LIBERTY Owner/Builder JIM RICKER (Circle One or Both) First Last Address of Well Location 8492 ST RT 613 Number Street Name City LEIPSIC Zip Code +4 45856 Permit No. 506610 Section/Lot No. ALTELLATION (Circle One or Both) Location of Well in State Plane coordinates, if available: Use of Well domestic N ☒ +/- ft. or m S ☒ +/- ft. or m Elevation of Well 781' +/- 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: 41° 06.105 Long: 084° 01.494	Rotary Cable Augered Driven Other BOREHOLE/CASING (measured from ground surface) not given on old log 1 ☒ Borehole Diameter 6 inches Depth 97 ft. Casing Diameter 5 7/8 in. Length 97 ft. Thickness 1 1/2 in. 2 Borehole Diameter 5 1/2 inches Depth 115 ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in. Casing Height Above Ground 1 ft. Type 1 ☒ Steel 1 ☒ Galv. 1 PVC 1 Other 2 2 2 2 Joints 1 ☒ Threaded 1 Welded 1 Solvent 1 Other 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 Not given on old log 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. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">From</th> <th style="text-align: center;">To</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Existing well</td> <td style="text-align: center;">115</td> <td style="text-align: center;">115</td> </tr> <tr> <td style="text-align: center;">gray medium limestone</td> <td style="text-align: center;">115</td> <td style="text-align: center;">450</td> </tr> <tr> <td style="text-align: center;">white soft limestone</td> <td style="text-align: center;">450</td> <td style="text-align: center;">470</td> </tr> </tbody> </table> water @ 469' - 470'		From	To	Existing well	115	115	gray medium limestone	115	450	white soft limestone	450	470
	From	To											
Existing well	115	115											
gray medium limestone	115	450											
white soft limestone	450	470											
South													
WELL TEST*													
Pre-Pumping Static Level 98 ft. Date 7-11-12 Measured from: ☒ Top of Casing ☐ Ground Level ☐ Other ☒ Air ☐ Bailing ☐ Pumping* ☐ Other Test Rate 40 gpm Duration of Test 1 hrs. Feet of Drawdown 371 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 541 fur													
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 _____ Address _____ City, State, Zip _____ Signed _____ Date _____ ODH Registration Number _____													
*(If more space is needed to complete drilling log, use next consecutively numbered form.) Date of Well Completion 7-11-12 Total Depth of Well 470 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