

WELL LOG AND DRILLING REPORT

984375

Ohio Department of Natural Resources
Division of Water, 1939 Fountain Square Drive
Columbus, Ohio 43224-9971 Voice (614) 265-6740 Fax (614) 265-6767PEN
DESCRIBING
WELL HARD

WELL LOCATION

County CHAMPAIGN Township GOSHEN

Owner/Builder Eagle's
(Circle One or Both) First Last

Address of Well Location 2306 Eagle Rd
Number Street Name

City Madison Woods Zip Code 43084

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

Location of Well in State Plane coordinates, if available: Use of Well Eagle's

N ☐ X _____ ft. or m
S ☐ Y _____ ft. or m

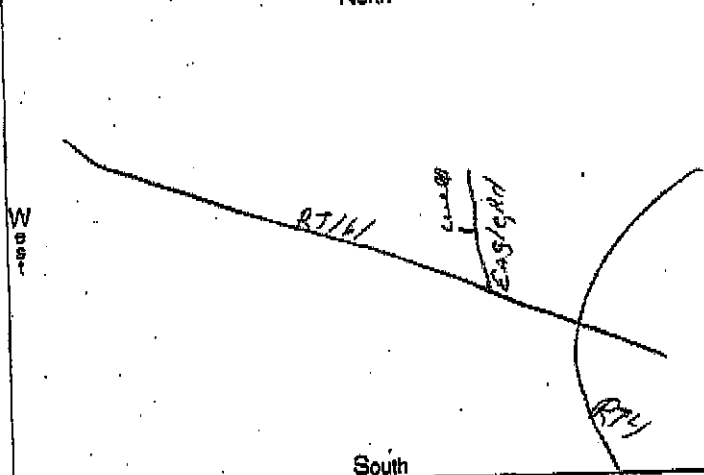
Elevation of Well _____ ft. or m

Datum Plane: ☐ 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: _____

North



WELL TEST

Pre-Pumping Static Level 4 ft. Date 9-1-04

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

☒ Air ☐ Bailing ☐ Pumping* ☐ Other _____

Test Rate 20 gpm Duration of Test 6 HRS hrs.

Feet of Drawdown None 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 Myers Jet Capacity 15 gpm

Pump set at Jet ft. Pitless Type LS/O

Pump installed by Unsubstantiated

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

Drilling Firm Unsubstantiated

Address 1789 Indian Row TRAIL

City, State, Zip LONDON, OH 43040

Signed J.S. Unsubstantiated Date 9-1-04

ODH Registration Number 001466

CONSTRUCTION DETAILS

☒ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Other _____

BOREHOLE/CASING (measured from ground surface)

1 ☐ Borehole Diameter 8 3/4 inches Depth 190 ft.
Casing Diameter 6 in. Length 190 ft. Thickness SPR21 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 ☐ Steel 2 ☐ Galv. 2 ☐ PVC 2 ☐ Other _____

Joints 1 ☐ Threaded 1 ☐ Welded 1 ☒ Solvent 1 ☐ Other _____
2 ☐ Threaded 2 ☐ Welded 2 ☐ Solvent 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 BRASSAL CEMENT Volume/Weight Used 380/lbs

Method of Installation T-P

Depth: Placed FROM Surface ft. TO 190 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
Yellow Clay	0	20
Blue Hard PAN	20	75
FINE SAND	75	77
Hard PAN	77	159
Red Clay	159	188
Proce Rock	188	190
Limestone	190	201

Post-It* Fax Note 7671

Date 10/27 # of pages 1

To JIM RAAB From KATHY LEE Fox

Co./Dept. _____ Co. OEPA

Phone # _____ Phone # 937 285 6446

Fax # 614 265-6767 Fax # _____

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

Date of Well Completion 9-1-04 Total Depth of Well 201 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 - Department of Natural Resources; Yellow - Department of Public Safety; Green - Local Health Dept. copy