

WELL I.D. # L _____

(1) LAND OWNER Well Number _____
 Name Lamontai Improvement District
 Address PO Box 1257
 City Cottage Grove State OH Zip 97424

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 340 ft.
 Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | Sacks or pounds |
|----------|------|----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

| | Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|---------|----------|------|----|-------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Casing: | <u>6</u> | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

(8) WELL TESTS: Minimum testing time is 1 hour

| Yield gal/min | Drawdown | Drill stem at | Flowing Artesian Time 1 hr. |
|---------------|----------|---------------|-----------------------------------|
| | | | |
| | | | |

Pump Bailer Air Artesian

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Lane Latitude _____ Longitude _____
 Township 20 S N or S Range 3 W E or W. WM.
 Section 31 SE 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found _____

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
| | | | |
| | | | |
| | | | |

(12) WELL LOG:
 Ground Elevation _____

| Material | From | To | SWL |
|--|------|----|-----|
| <u>Well penetrates materials mapped as the Fisher Formation, part of the low-yield bedrock aquifer system.</u> | | | |
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| | | | |

Date started _____ Completed 1977

SOURCE OF DATA/INFO Water right file G-13606. Described as Well 7 on Claim of Beneficial Use received 10-1-2013.

COMPILED BY: Karl Woenick
Groundwater Section

DATE: July 24, 2014