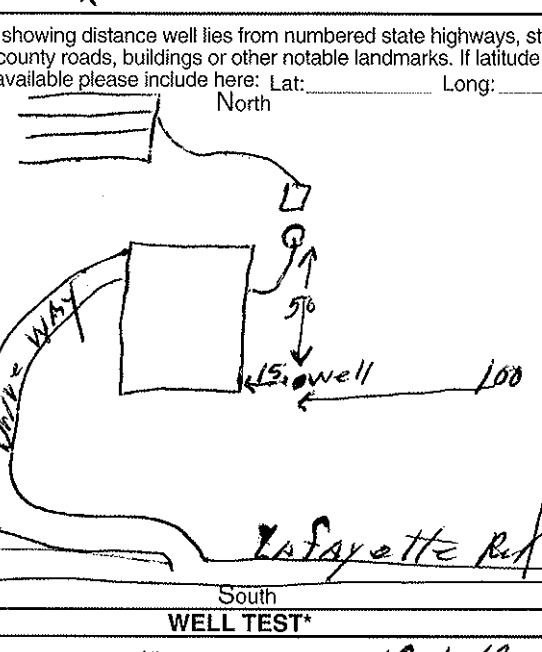


TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

Ohio Department of Natural Resources
Division of Water, 2045 Morse Road
Columbus, Ohio 43229-6605 Voice (614) 265-6740 Fax (614) 265-6767

WELL LOCATION	CONSTRUCTION DETAILS
County <u>Licking</u> Township <u>Burlington</u>	☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Other _____ BOREHOLE/CASING (measured from ground surface)
Owner/Builder <u>Brian States</u> (Circle One or Both) First Last	1 ☐ Borehole Diameter <u>5.5</u> inches Depth <u>97.7</u> ft. Casing Diameter <u>5</u> in. Length <u>98.7</u> ft. Thickness <u>.258</u> in.
Address of Well Location <u>801 FORWARD PASS 10980 LAFAYETTE RD JOHNSTOWN</u> Number Street Name	2 ☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.
City <u>PATASKALA, OHIO</u> Zip Code +4 <u>43062</u>	Casing Height Above Ground <u>1 ft.</u>
Permit No. <u>10131</u> Section/Lot No. _____ (Circle One or Both)	Type 1 ☒ Steel 1 ☐ Galv. 1 ☐ PVC 1 ☐ 2 ☐ Steel 2 ☐ Galv. 2 ☐ PVC 2 ☐ Other _____
Location of Well in State Plane coordinates, if available:	Joints 1 ☒ Threaded 1 ☐ Welded 1 ☐ Solvent 1 ☐ 2 ☐ Threaded 2 ☐ Welded 2 ☐ Solvent 2 ☐ Other _____
Elevation of Well _____ +/- _____ ft. or m	SCREEN N/A
Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source _____	Diameter _____ Slot Size _____ Screen Length _____ ft.
Source of Coordinates: ☒ GPS ☐ Survey ☐ Other _____	Type _____ Material _____
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: _____	Set Between _____ ft. and _____ ft.
	GRAVEL PACK (Filler Pack) N/A
	Material/Size _____ Volume/Weight Used _____
	Method of Installation _____
	Depth: Placed FROM _____ ft. TO _____ ft.
	GROUT
	Material <u>Bentonite</u> Volume/Weight Used <u>2 BAGS</u>
	Method of Installation <u>Tremie Pipe</u>
	Depth: Placed FROM <u>94</u> ft. TO <u>SURFACE</u> ft.
WELL TEST*	DRILLING LOG*
Pre-Pumping Static Level <u>50</u> ft. Date <u>10-1-12</u>	INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.
Measured from: ☒ Top of Casing ☐ Ground Level ☐ Other _____	Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.
☐ Air ☒ Bailing ☐ Pumping* ☐ Other _____	
Test Rate <u>15</u> gpm Duration of Test <u>1</u> hrs.	
Feet of Drawdown <u>61</u> 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 <u>CLEAR</u>	
PUMP/PITLESS	
Type of pump <u>1/2 HP STA-RITE</u> Capacity <u>10</u> gpm	
Pump set at _____ ft. Pitless Type _____	
Pump installed by <u>LARRY BEVARD WELL DRILLING</u>	
I hereby certify the information given is accurate and correct to the best of my knowledge.	
Drilling Firm <u>LARRY BEVARD WELL DRILLING SERVICE</u>	
Address <u>2493 Chestnut Hills Rd</u>	
City, State, Zip <u>Newark, Ohio 43055</u>	
Signed <u>Larry Bevard</u> Date <u>Oct 15 2012</u>	
ODH Registration Number <u>01233</u>	
	(If more space is needed to complete drilling log, use next consecutively numbered form.)
	Date of Well Completion <u>10-1-12</u> Total Depth of Well <u>98</u> 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, 2045 MORSE ROAD, COLS., OHIO 43229-6605
Blue - Customer's copy Pink - Driller's copy Green - Local Health Dept. copy