

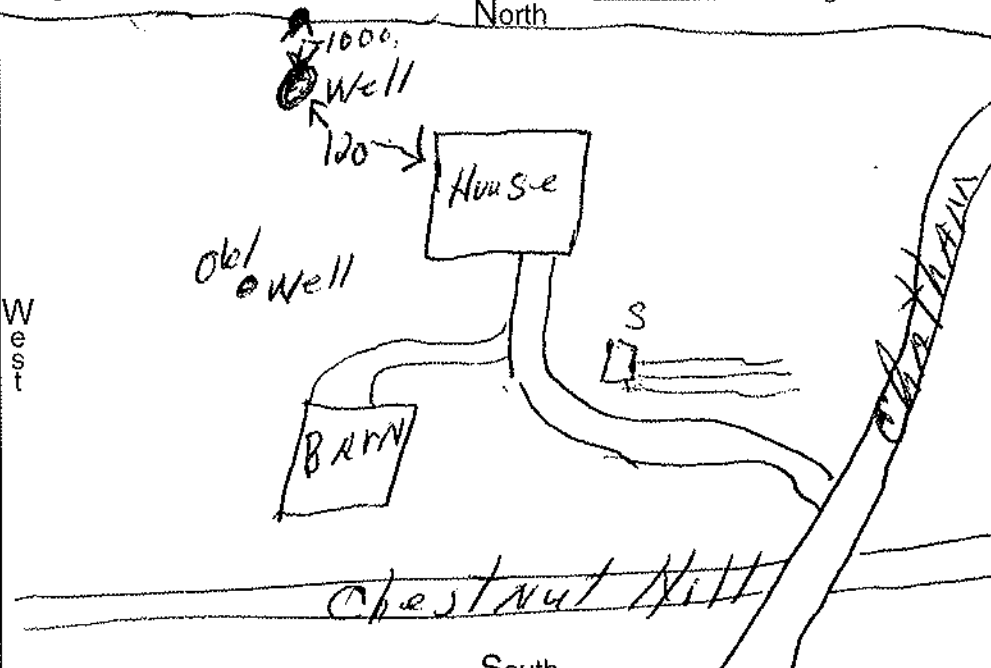
WELL LOG AND DRILLING REPORT

Ohio Department of Natural Resources

Division of Water, 2045 Morse Road

Columbus, Ohio 43229-6605 Voice (614) 265-6740 Fax (614) 265-6767

1005692

WELL LOCATION		CONSTRUCTION DETAILS	
County <u>Licking</u> Township <u>McKean</u>		☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Other _____	
Owner/Builder <u>Linda Haynes</u> (Circle One or Both) First Last		BOREHOLE/CASING (measured from ground surface)	
Address of Well Location <u>6590 Chatham Rd.</u> Number Street Name		1 ☐ Borehole Diameter <u>8</u> inches Depth <u>125</u> ft. Casing Diameter <u>5</u> in. Length <u>101</u> ft. Thickness <u>.243</u> in.	
City <u>NEWARK</u> Zip Code +4 <u>43085</u>		2 ☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.	
Permit No. <u>10119</u> Section/Lot No. _____ (Circle One or Both)		Casing Height Above Ground <u>1 ft.</u>	
Location of Well in State Plane coordinates, if available: Use of Well <u>Family Dwelling</u>		Type 1 ☐ Steel 1 ☐ Galv. 1 ☒ PVC 1 ☐ _____ 2 ☐ Steel 2 ☐ Galv. 2 ☐ PVC 2 ☐ Other _____	
N ☒ <u>40-09-116</u> +/- _____ ft. or m		Joints 1 ☐ Threaded 1 ☐ Welded 1 ☒ Solvent 1 ☐ _____ 2 ☐ Threaded 2 ☐ Welded 2 ☐ Solvent 2 ☐ Other _____	
S ☒ <u>082-29-186</u> +/- _____ ft. or m		SCREEN <u>N/A</u>	
Elevation of Well <u>1166</u> +/- _____ ft. or m		Diameter _____ Slot Size _____ Screen Length _____ ft.	
Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source <u>1166</u>		Type _____ Material _____	
Source of Coordinates: ☒ GPS ☐ Survey ☐ Other _____		Set Between _____ ft. and _____ ft.	
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: _____ 		GRAVEL PACK (Filter Pack) <u>N/A</u>	
		Material/Size _____ Volume/Weight Used _____	
		Method of Installation _____	
		Depth: Placed FROM _____ ft. TO _____ ft.	
GROUT		Material <u>BENTONITE</u> Volume/Weight Used <u>5 BAGS</u>	
		Method of Installation <u>TREMIC PIPE</u>	
		Depth: Placed FROM <u>100</u> ft. TO <u>SURFACE</u> ft.	
WELL TEST*		DRILLING LOG*	
Pre-Pumping Static Level <u>19</u> ft. Date <u>9-4-12</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>20</u> gpm Duration of Test <u>3</u> hrs.			
Feet of Drawdown <u>20</u> ft. Sustainable Yield <u>20</u> 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 <u>65</u> ft. Pitless Type <u>SR-S-10</u>			
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 _____			
Address _____			
City, State, Zip _____			
Signed _____ Date <u>9-4-12</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>9-4-12</u> Total Depth of Well <u>125</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