

WELL LOG AND DRILLING REPORTTYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARDOhio Department of Natural Resources
Division of Water, 2045 Morse Road

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

1009537

WELL LOCATION**CONSTRUCTION DETAILS**

County TUSCARAWAS Township BUCK

Owner/Builder PAUL HEASHBERGER
(Circle One or Both) First Last

Address of Well Location 2550 PLEASANT VALLEY
Number Street Name

City BALTIC Zip Code +4 43804

Permit No. 388,841 Section/Lot No. _____
(Circle One or Both)

Location of Well in State Plane coordinates, if available: Use of Well RESIDENTIAL

N ☐ X _____ +/- _____ ft. or m
S ☐ Y _____ +/- _____ ft. or m

Elevation of Well _____ +/- _____ ft. or m

Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source _____

Source of Coordinates: ☒ GPS ☐ Survey ☐ Other _____

☐ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Other _____

BOREHOLE/CASING (measured from ground surface)

1 ☐ Borehole Diameter 10 inches Depth 60' ft.
Casing Diameter 6 in. Length 61 ft. Thickness 330 in.

2 ☐ Borehole Diameter 6 1/2 inches Depth 77' ft.
Casing Diameter _____ in. Length _____ ft. Thickness _____ in.

Casing Height Above Ground _____ ft.

Type 1 ☐ Steel 1 ☐ Galv. 1 ☒ PVC 1 ☐ _____
2 ☐ Steel 2 ☐ Galv. 2 ☐ PVC 2 ☐ Other _____

Joints 1 ☐ Threaded 1 ☐ Welded 1 ☒ Solvent 1 ☐ _____
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 BENASEAL Volume/Weight Used 900#

Method of Installation SLOARY

Depth: Placed FROM 0 ft. TO 30' ft.

DRILLING LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

Show color, texture, hardness, and formation:
sandstone, shale, limestone, gravel, clay, sand, etc.

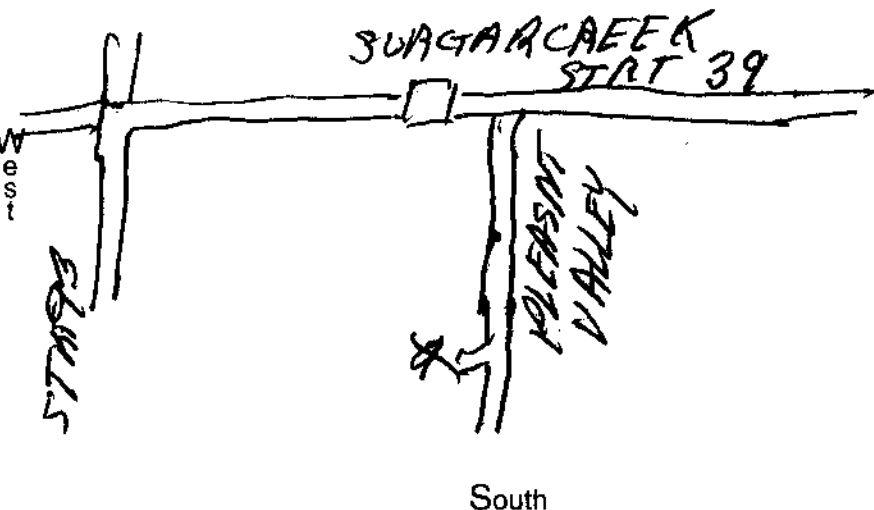
	From	To
BROWN CLAY	0	7
SAND STONE	7	10
LIME STONE	10	13
GRAY SHALE	13	35
GRAY CLAY	35	40
GRAY SHALE	40	42
WHITE SAND STONE	44	52
GRAY SHALE	52	77

77' LIMESTONE

WATER 52'

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: _____

N 40° 26, 902
W 081° 40.091

**WELL TEST***

Pre-Pumping Static Level 50 ft. Date 7-25-08

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

☐ Air ☒ Bailing ☐ Pumping* ☐ Other _____

Test Rate 20+ gpm Duration of Test _____ hrs.

Feet of Drawdown 5 ft. Sustainable Yield 20+ gpm

*(Attach a copy of the pumping test record, per section 1521.05, ORC)

Is Copy Attached? ☐ Yes ☐ No Flowing Well? ☐ Yes ☐ No

Quality 1.01AON 2 GR. HARD PH 7.6

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 WILLIAM FAIT

Address 4165 1304 SCOOT RD.

City, State, Zip DOVER OH

Signed William Fait Date 7-25-08

ODH Registration Number 02395

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

Date of Well Completion 7-25-08 Total Depth of Well 77 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