

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD**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

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WELL LOCATION		CONSTRUCTION DETAILS	
County <u>TUSCARAWAS</u>	Township <u>FAIRFIELD</u>	☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Other _____ BOREHOLE/CASING (measured from ground surface)	
Owner/Builder (Circle One or Both) <u>DOUG</u>	<u>HENDERSON</u>	1 ☐ Borehole Diameter <u>8"</u> inches Depth <u>36'</u> ft. Casing Diameter <u>5"</u> in. Length <u>40'</u> ft. Thickness <u>.275</u> in.	
Address of Well Location <u>4037</u>	<u>BOY SCOUT RD.</u>	2 ☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.	
City <u>DOVER, OHIO</u>	Zip Code +4 <u>44622</u>	Casing Height Above Ground _____ ft.	
Permit No. _____	Section/Lot No. (Circle One or Both) _____	Type 1 ☒ Steel 1 ☐ Galv. 1 ☐ PVC 1 ☐ Other _____ 2 ☐ Steel 2 ☐ Galv. 2 ☐ PVC 2 ☐ Other _____	
Location of Well in State Plane coordinates, if available: Use of Well <u>IRIGATION</u>		Joints 1 ☒ Threaded 1 ☐ Welded 1 ☐ Solvent 1 ☐ Other _____ 2 ☐ Threaded 2 ☐ Welded 2 ☐ Solvent 2 ☐ Other _____	
N ☐ X <u>40.532</u> +/- <u>810</u> ft. or m	S ☐ Y <u>-81.408</u> +/- <u>14</u> ft. or m	SCREEN	
Elevation of Well <u>1120</u> +/- _____ ft. or m	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: _____ North _____ South _____		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 <u>BENTONITE</u> Volume/Weight Used <u>400#</u>	
		Method of Installation <u>PRESSURE</u>	
		Depth: Placed FROM <u>36'</u> ft. TO <u>0</u> 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
<u>SURFACE MUD - CLAY</u>		<u>0</u>	<u>18</u>
<u>GREY SOFT SHALE</u>		<u>18</u>	<u>28</u>
<u>LIME</u>		<u>28</u>	<u>30</u>
<u>CLAY - COAL MIX</u>		<u>30</u>	<u>34</u>
<u>SANDY SHALE</u>		<u>34</u>	<u>38</u>
<u>GREY SANDY SHALE</u>		<u>38</u>	<u>78</u>
<u>LIME</u>		<u>78</u>	<u>81</u>
<u>GREY SANDROCK</u>		<u>81</u>	<u>95</u>
<u>GREY SHALE</u>		<u>95</u>	<u>99</u>
<u>LIME CREVICE</u>		<u>99</u>	<u>102</u>
<u>GREY SHALE - SANDY STRS.</u>		<u>102</u>	<u>122</u>
<u>GREY + WHITE SANDROCK (W)</u>		<u>122</u>	<u>145</u>
WELL TEST* Pre-Pumping Static Level <u>100'</u> ft. Date <u>7-5-11</u> Measured from: ☐ Top of Casing ☒ Ground Level ☐ Other _____ ☐ Air ☒ Bailing ☐ Pumping* ☐ Other _____ Test Rate <u>10</u> gpm Duration of Test <u>2</u> hrs. Feet of Drawdown <u>25'</u> ft. Sustainable Yield <u>10-12</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>IRON - 5, PH 7, 24GR. HARD.</u>			
PUMP/PITLESS			
Type of pump <u>1HP SUB</u> Capacity <u>10-12</u> gpm			
Pump set at <u>135'</u> ft. Pitless Type <u>SEAL</u>			
Pump installed by <u>FEARONT FELLER INC.</u>			
I hereby certify the information given is accurate and correct to the best of my knowledge.			
Drilling Firm <u>FEARONT FELLER INC.</u>			
Address <u>5088 52 212 NW</u>			
City, State, Zip <u>BEACH CITY, OH - 44608</u>			
Signed <u>Jim Feller</u> Date <u>7-8-11</u>			
ODH Registration Number <u>0050</u>			
*(If more space is needed to complete drilling log, use next consecutively numbered form.) Date of Well Completion <u>7-5-11</u> Total Depth of Well <u>145</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