

WELL LOG AND DRILLING REPORTTYPE 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

1011675

WELL LOCATION**CONSTRUCTION DETAILS**

County TUSCARAWAS Township DOVER

Owner/Builder LARRY ELLIOT
(Circle One or Both) First Last

Address of Well Location 5304 WOODRUFF ST.
Number Street Name

City DOVER, OH Zip Code +4 44622

Permit No. 400626 Section/Lot No. _____
(Circle One or Both)

Location of Well in State Plane coordinates, if available:
N ☒ X 40° 33' +/- 25 ft. or m
E 081° 29' +/- 59 ft. or m
Elevation of Well 997 +/- 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 5 inches Depth 73 ft.
Casing Diameter 5 in. Length 74'-8" ft. Thickness .275 in.

2 ☐ Borehole Diameter _____ inches Depth _____ ft.
Casing Diameter _____ in. Length _____ ft. Thickness _____ in.

Casing Height Above Ground _____ ft.

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

Joints 1 ☒ Threaded 1 ☐ Welded 1 ☐ Solvent 1 ☐ Other _____
2 ☐ Threaded 2 ☐ Welded 2 ☐ Solvent 2 ☐ Other _____

SCREEN

Diameter 5" Slot Size 30 Screen Length 3 ft.
Type INSERT Material STAINLESS
Set Between 73 ft. and 70 ft.

GRAVEL PACK (Filter Pack)

Material/Size LOCAL Volume/Weight Used _____
Method of Installation _____
Depth: Placed FROM _____ ft. TO _____ ft.

GROUT

Material _____ Volume/Weight Used _____
Method of Installation _____
Depth: Placed FROM _____ ft. TO _____ ft.

DRILLING LOG*

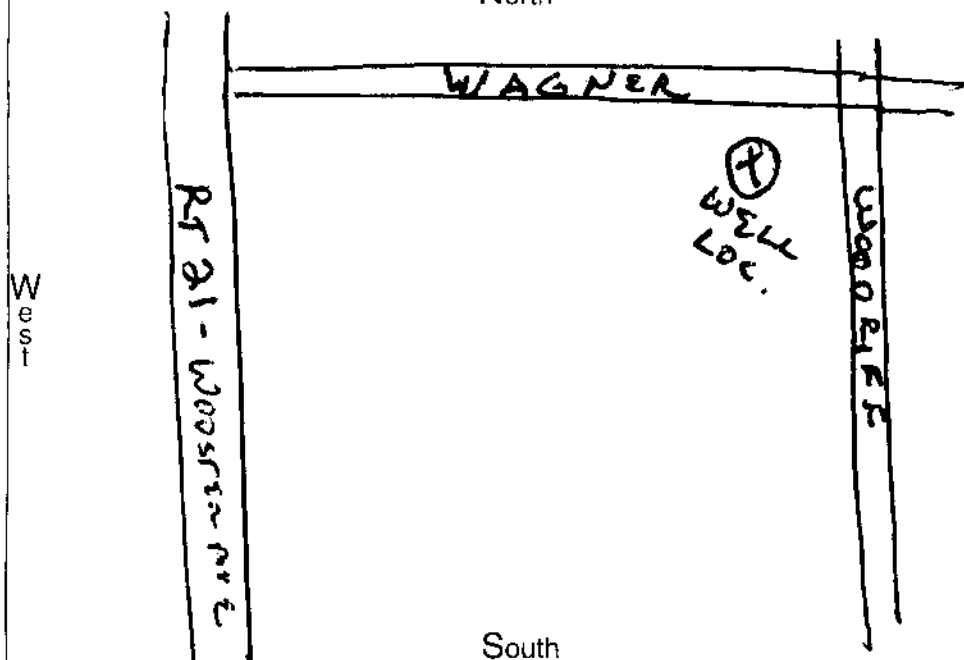
INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

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

From	To
0	30
30	32
32	73

WASH
HARD PAN
SAND + GRAVEL (W)

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: _____

**WELL TEST***

Pre-Pumping Static Level 48 ft. Date 11-10-10

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

☐ Air ☒ Bailing ☐ Pumping* ☐ Other _____

Test Rate 15 gpm Duration of Test 2 hrs.

Feet of Drawdown 8 ft. Sustainable Yield 15 gpm

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

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

Quality 14 GR. HARD, 79H. 1.5 PPM IRON

PUMP/PITLESS

Type of pump SUB Capacity 10 gpm

Pump set at 50' ft. Pitless Type DICKEN

Pump installed by GENES PUMP SERVICE

I hereby certify the information given is accurate and correct to the best of my knowledge.

Drilling Firm FEARON + FELLER INC

Address 5088 SE 212 NW

City, State, Zip BEACH CITY, OH 44608

Signed John Feller Date 11-15-10

ODH Registration Number _____

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

Date of Well Completion 11-10-10 Total Depth of Well 73 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