

WELL LOG AND DRILLING REPORT

DNR 7802.05e

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

Well Log Number

2040018

Page 1 of 1 for this record.

WELL LOCATION	CONSTRUCTION DETAILS																																													
County <u>TUSCARAWAS</u> Township <u>WARWICK</u>	Drilling Method: <u>CABLE TOOL</u>																																													
Owner/Builder <u>TWIN CITY WATER & SEWER</u>	BOREHOLE/CASING (Measured from ground surface)																																													
Address of Well Location <u>INDIAN HILL SE RD</u>	1 { Borehole Diameter <u>24</u> inches Depth <u>125</u> ft. Casing Diameter <u>16</u> in. Length <u>105</u> ft. Thickness <u>0.375</u> in.																																													
City <u>UHRICHSVILLE</u> Zip Code +4 <u>44683</u>	2 { Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.																																													
Permit No. _____ Section; _____ and/or Lot No. _____	Casing Height Above Ground <u>2.5</u> ft.																																													
Use of Well <u>MUNICIPAL</u>	Type { 1: <u>Steel</u> 2: _____																																													
Coordinates of Well (Use only one of the below coordinate systems)	Joints { 1: <u>Welded</u> 2: _____																																													
State Plane Coordinates	SCREEN																																													
N ☐ X _____ +/- _____ ft.	Diameter <u>16</u> in. Slot Size <u>0.08</u> in. Screen Length <u>20</u> ft.																																													
S ☐ Y _____ +/- _____ ft.	Type <u>CONTINUOUS WIRE WOUND</u> Material <u>STAINLESS STEEL</u>																																													
Latitude, Longitude Coordinates	Set Between <u>105</u> ft. and <u>125</u> ft.																																													
Latitude: <u>40.414883</u> Longitude: <u>-81.38335</u>	GRAVEL PACK (Filter Pack)																																													
Elevation of Well in feet: _____ +/- _____ ft.	Material/Size <u>PARRY #4</u> Vol/Wt. Used <u>8 TONS</u>																																													
Datum Plane: ☐ NAD27 ☒ NAD83 Elevation Source _____	Method of Installation <u>Poured (gravity)</u>																																													
Source of Coordinates: <u>GPS</u>	Depth: Placed From: <u>25</u> ft. To: <u>110</u> ft.																																													
Well location written description: <u>WELL NO. 3 - 0.4. MIS. SW OF INTERSECTION OF INDIAN HILL RD. SE & WATER ST.; 1.3 MIS SOUTH OF DRIVE TO WTP.</u>	GROUT																																													
	Material <u>Neat cement</u> Vol/Wt. Used <u>2 CY</u>																																													
	Method of Installation <u>Poured (gravity)</u>																																													
	Depth: Placed From: <u>0</u> ft. To: <u>25</u> ft.																																													
Comments on water quality/quantity and well construction:	DRILLING LOG*																																													
	FORMATIONS INCLUDE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.																																													
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Color</th><th>Texture</th><th>Formation</th><th>From</th><th>To</th></tr> </thead> <tbody> <tr><td></td><td></td><td>SOIL</td><td>0</td><td>3</td></tr> <tr><td></td><td></td><td>CLAY</td><td>3</td><td>5</td></tr> <tr><td></td><td></td><td>CLAYSANDGRAVEL</td><td>5</td><td>15</td></tr> <tr><td></td><td></td><td>SAND AND GRAVEL</td><td>15</td><td>48</td></tr> <tr><td></td><td></td><td>SAND</td><td>48</td><td>53</td></tr> <tr><td></td><td></td><td>SAND AND GRAVEL</td><td>53</td><td>98</td></tr> <tr><td></td><td></td><td>SAND</td><td>98</td><td>110</td></tr> <tr><td></td><td></td><td>SAND AND GRAVEL</td><td>110</td><td>125</td></tr> </tbody> </table>	Color	Texture	Formation	From	To			SOIL	0	3			CLAY	3	5			CLAYSANDGRAVEL	5	15			SAND AND GRAVEL	15	48			SAND	48	53			SAND AND GRAVEL	53	98			SAND	98	110			SAND AND GRAVEL	110	125
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WELL TEST *																																														
Pre-Pumping Static Level <u>10.8</u> ft. Date <u>10/1/2012</u>																																														
Measured from <u>TOP OF CASING</u>																																														
Pumping test method <u>PUMPING</u>																																														
Test Rate <u>1608</u> gpm Duration of Test <u>24</u> hrs.																																														
Feet of Drawdown <u>15.7</u> ft. Sustainable Yield <u>1000</u> gpm																																														
*(Attach a copy of the pumping test record, per section 1521.05, ORC)																																														
Is Copy Attached? ☒ Yes ☐ No Flowing Well? ☐ Yes ☒ No																																														
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 <u>LAYNE CHRISTENSEN COMPANY, INC.</u>																																														
Address <u>6451 GERMANTOWN RD</u>																																														
City, State, Zip <u>MIDDLETOWN OH 45042</u>																																														
Signed <u>RONALD E ALEXANDER</u> Date <u>10/5/2012</u>																																														
(Filed Electronically)																																														
ODH Registration Number <u>002289</u>	Aquifer Type (Formation producing the most water.) <u>SAND AND GRAVEL</u>																																													
	Date of Well Completion <u>10/5/2012</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.
Distribute copies of this record to Customer, and Local Health Department.