

WELL LOG AND DRILLING REPORT

701540

State of Ohio
DEPARTMENT OF NATURAL RESOURCES
Division of Water
1939 Fountain Square Drive
Columbus, Ohio 43224
(614) 265-6739

TYPE OR USE PEN
SELF-TRANSCRIBING
PRESS HARD!

Permit Number _____

COUNTY DARKE TOWNSHIP Monroe SECTION/LOT NO. _____
OWNER/BUILDER JAMES BAKER PROPERTY ADDRESS 9722 FOURMAN RD W MILTON OH
(CIRCLE ONE OR BOTH) (ADDRESS OF WELL LOCATION &)
LOCATION OF PROPERTY 1/2 M WEST OF 721 ON FOURMAN RD

CONSTRUCTION DETAILS

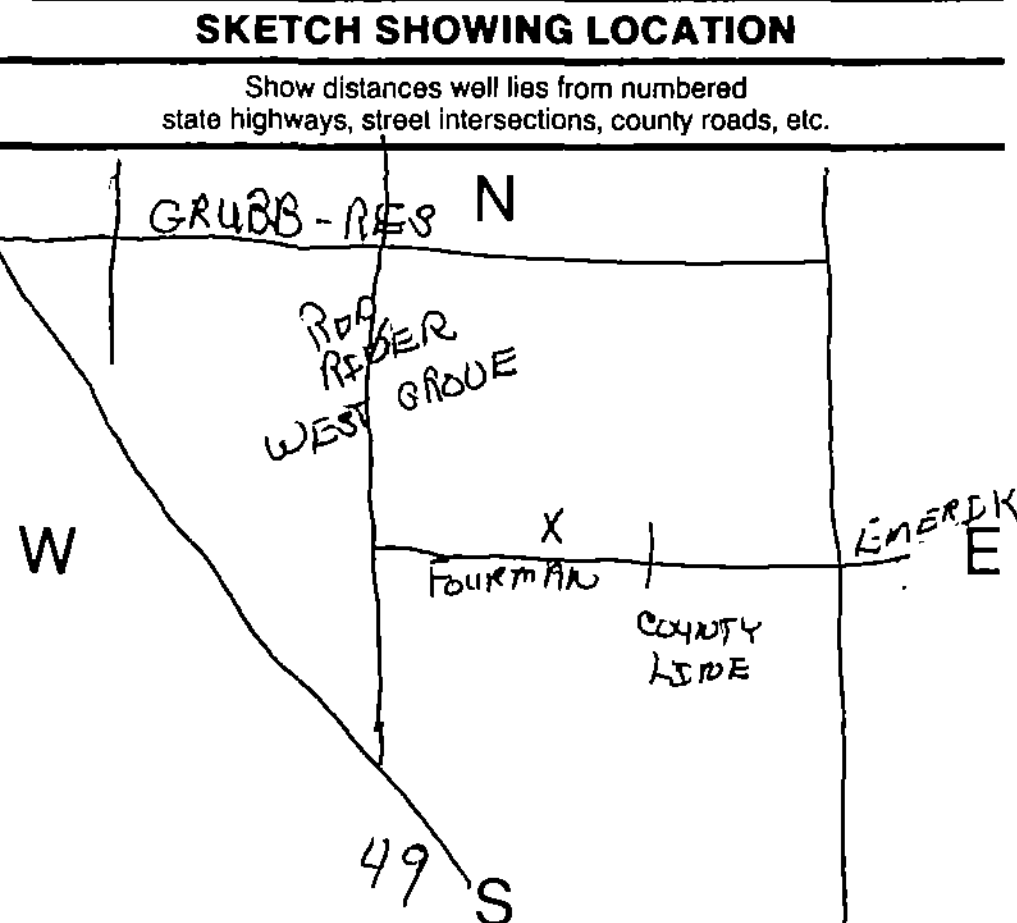
CASING
Diameter 6 in. Length 50 ft. Wall Thickness _____ in.
Type: ☐ Steel ☐ Galv. ☒ PVC ☐ Other _____
Joints: ☐ Threaded ☐ Welded ☒ Solvent ☐ Other _____
SCREEN
Type (wire wrapped, louvered, etc.) _____ Material _____
Length _____ ft. Diameter _____ in.
Set between _____ ft. and _____ ft. Slot _____
☐ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
Date of completion _____

GROUT
Material BENTONITE Volume used 200 LB
Method of installation DRY GROUT
Depth: placed from 0 ft. to 37 ft.
GRAVEL PACK
Material _____ Volume used _____
Method of installation _____
Depth: placed from _____ ft. to _____ ft.
Pitless Device ☐ Adapter ☐ Preassembled unit
Use of Well Dom. Home

PUMP
Type of pump _____ Capacity _____ gpm
Pump set at _____ ft.
Pump installed by _____

WELL TEST
Bailing ☒ or Pumping ☐
Test rate 40 gpm Duration of test 1 hrs.
Drawdown _____ ft.
Measured from: ☐ top of casing ☐ ground level ☐ Other _____
Static Level (depth to water) 5 ft. Date: 4/28/90
Quality (clear, cloudy, taste, odor) _____
(Attach a copy of the pumping test record, per 1521.05, ORC)

WELL LOG*		
INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.		
Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.	From	To
RED CLAY	0 ft.	12 ft.
GRAY CLAY	12	37
CLAY & GRAVEL	37	41
GRAVEL	41	45
LIMESTONE	45	50



* If additional space is needed to complete well log, use next consecutively numbered form

DNR 7802.88

DRILLING FIRM Nature's Energies SIGNED Richard Billenston
ADDRESS 4622 Potter Road DATE 5/8/90
CITY, STATE, ZIP Ashtabula OH 44003 ODH REGISTRATION NUMBER 295

Completion of this form is required by 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

ORIGINAL COPY - ODNR, DIVISION OF WATER, 1939 FOUNTAIN SQ. DRIVE, COLS., OHIO 43224

Blue - Customer's Copy Pink - Driller's Copy Green - Local Health Dept. Copy